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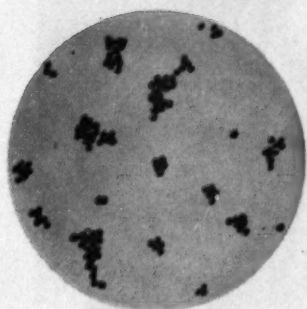


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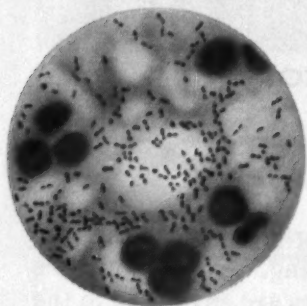
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(1) Yow, E. M.; Taylor, F. M.; Hirsch, J.; Frankel, R. A., & Carnes, H. E.: *J. Pediat.* **42**:151, 1953. (2) Dodd, K.: *J. Arkansas M. Soc.* **10**:174, 1954. (3) Hanbery, J. W.: *Neurology* **4**:301, 1954. (4) Miller, G.; Hansen, J. E., & Pollock, B. E.: *Am. Heart J.* **47**:453, 1954. (5) Keefer, C. S., in Smith, A., & Wermer, P. L.: *Modern Treatment*, New York, Paul B. Hoeber, Inc., 1953, p. 65.



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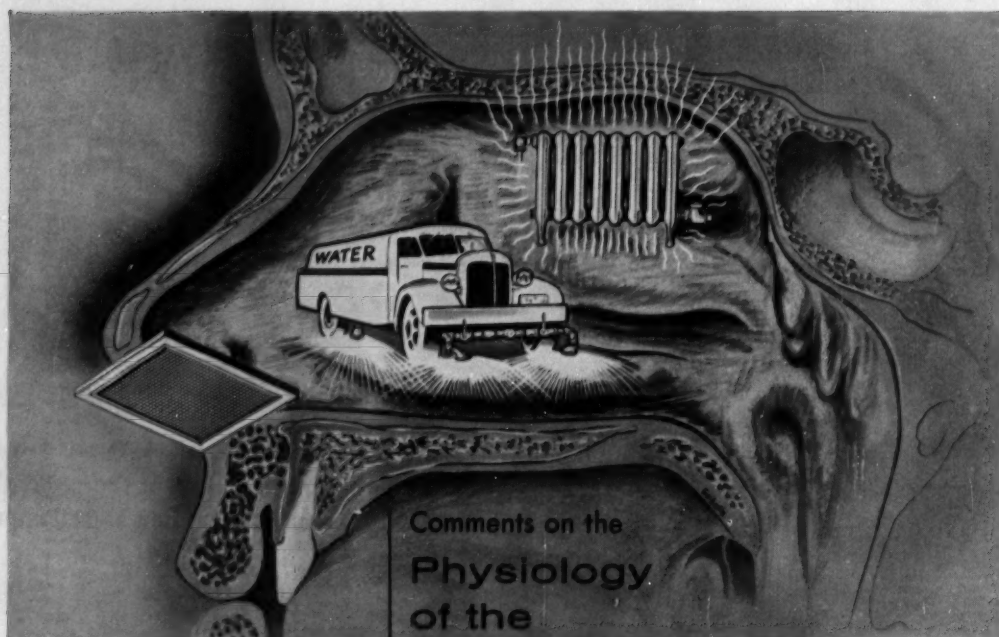
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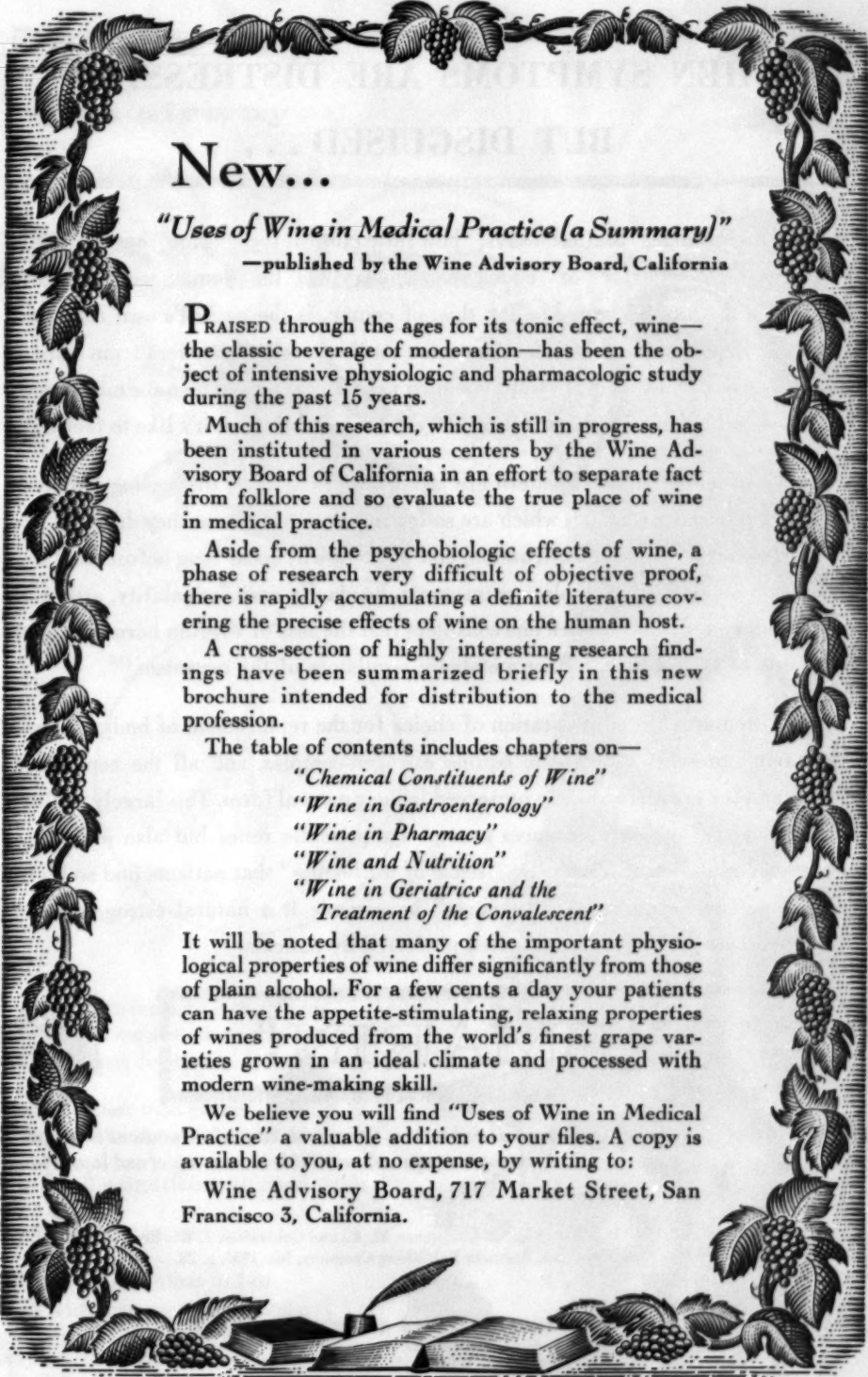
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1. Malleeson, J.: Lancet 2:158 (July 25) 1953. 2. Goldzieher, M. A., and Goldzieher, J. W.: Endocrine Treatment in General Practice, New York, Springer Publishing Company, Inc. 1953, p. 23.

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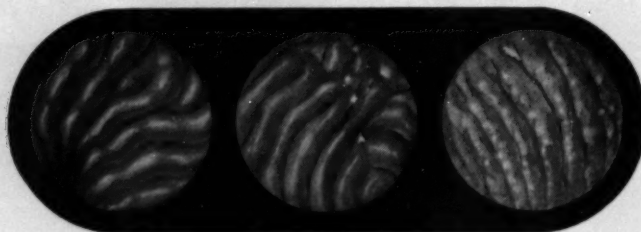
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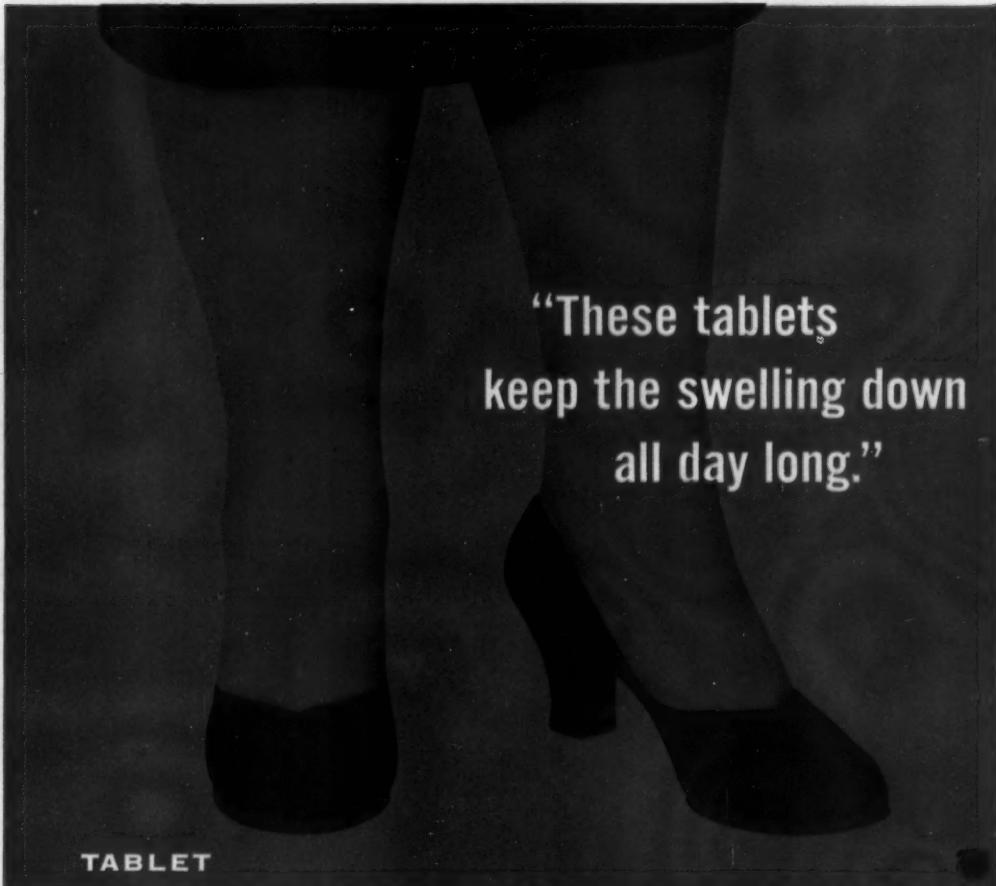
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2. Deutsch, E.: Scientific Exhibit, Gastroscopy, Clinical Meeting A.M.A., St. Louis, December, 1953



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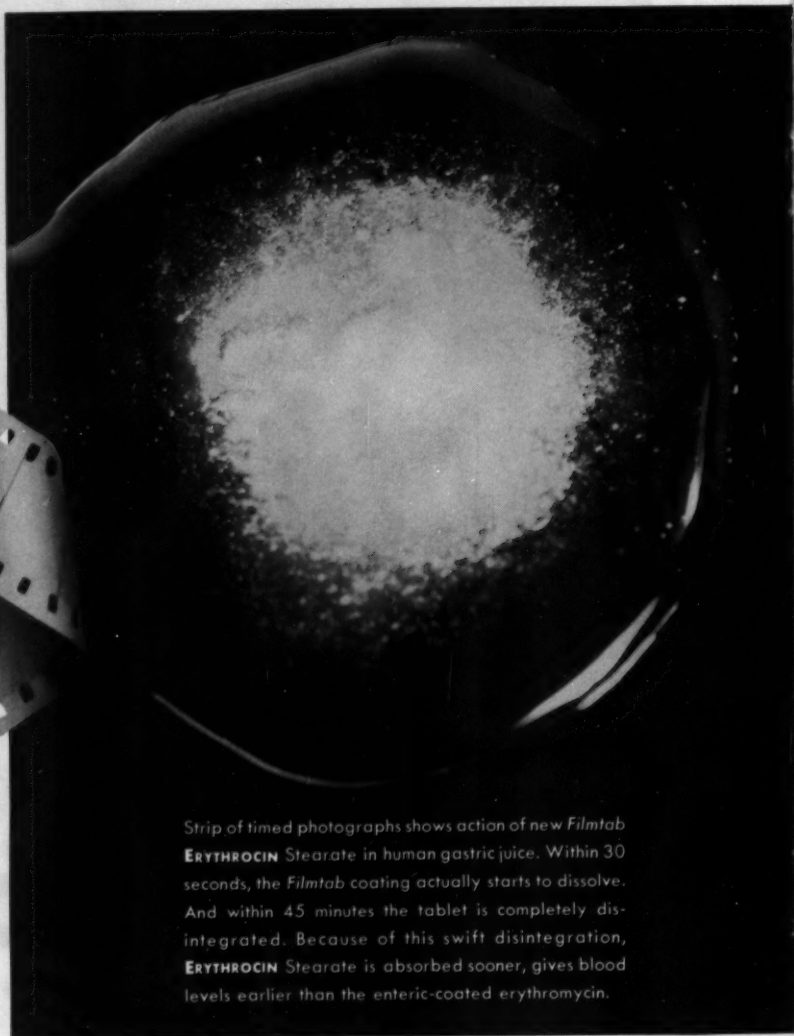
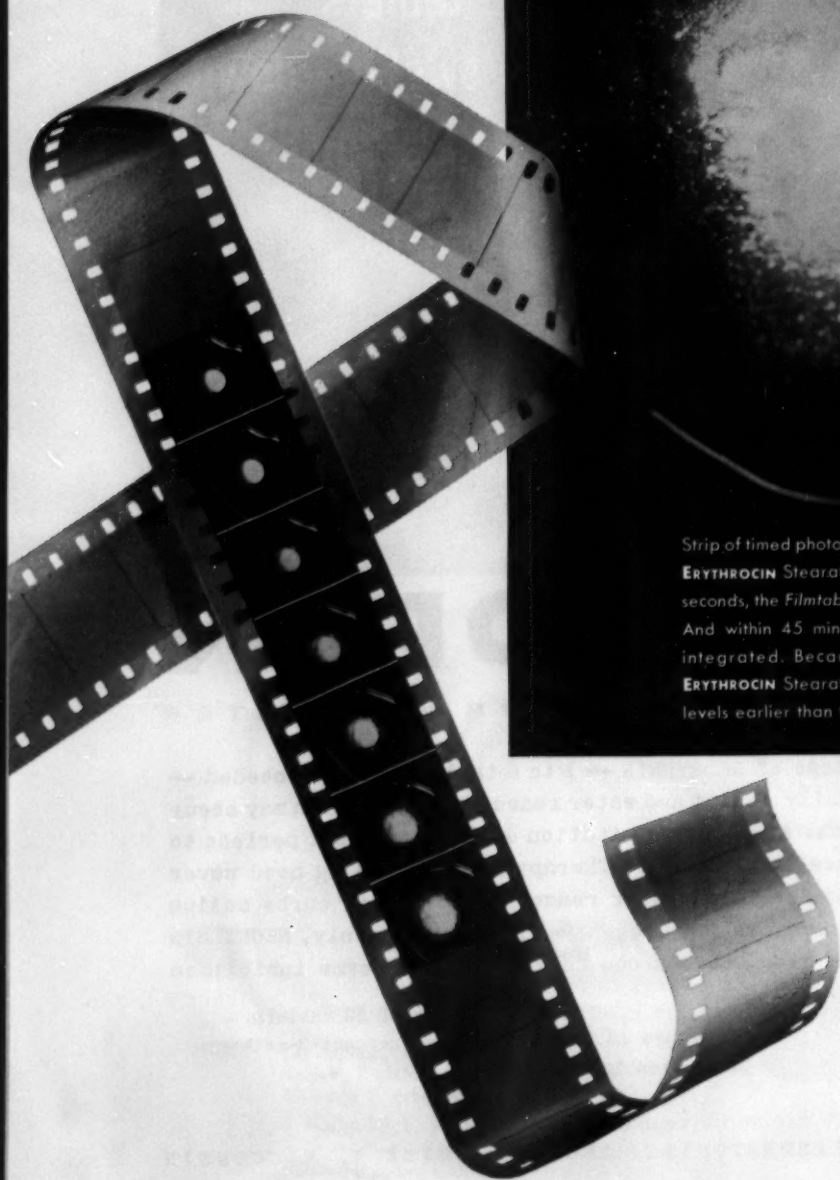
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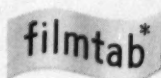
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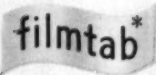
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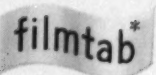
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ELECTROPHORETIC FRACTIONATION OF SERUM GLUCOPROTEINS

O. J. POLLAK, M.D.,*

Dover, Del.

Recently much attention has been focused on a group of somewhat heterogeneous blood components spoken of as "acute phase reactants." Multiple laboratory tests are available to determine the presence or increase of the various "reactants." (a) The oldest and most widely used of the tests is the blood sedimentation rate (BSR). Its acceleration is variously attributed to increased fibrinogen, alpha₂-globulin, gamma-globulin, all three of these protein fractions, or to a host of other plasma constituents. (b) The use of C-reactive protein antiserum (CRPA) for demonstration of C-reactive protein (CRP) is being popularized. This protein is, supposedly, an alpha-globulin. It forms a precipitate with somatic C-polysaccharide of the pneumococcus. So far, it has never been found in blood serum of a healthy person. (c) The assay of carbohydrates, (d) of the poorly studied protein-bound carbohydrates which often are simply called glucoproteins (GP), (e) of the even less well defined complex mucopolysaccharides, or (f) mucoproteins, and (g) of hexosamine is feasible. Since the various photometric methods are elaborate and tedious they are rarely practiced. The same is true for assay of (h) antihyaluronidase.

Discussion of all the tests and "reactants" as if they were a well delineated group should be avoided. Surely, not all of these reactants are known. (i) Lipoproteins (LP), namely beta-lipoproteins, should be added to the list, since they increase in the blood serum under conditions which influence the other substances listed above.

By comparison with the simplest of the tests, the blood sedimentation rate, all

other procedures are more specific and more sensitive: they become "positive" earlier and stay "positive" longer than the sedimentation rate, and their range is not quite as wide as that of the sedimentation rate. Serum polysaccharide levels reflect the presence and degree of inflammation.¹ Non-glucosamine serum polysaccharide linked with albumin appears in the serum of patients with benign or malignant neoplasm, arthritis, and infection.² Hexosamine which is part of the non-glucosamine complex increases in the serum of patients with tissue destruction and inflammation. Acid mucoprotein rises in the blood plasma of patients with gastric cancer.³ C-reactive-protein appears in the blood with inflammation, including that type of tissue reaction found in rheumatic diseases and myocardial infarction.^{4,5} Lipoproteins rise in the blood after traumatic injury and burns.^{6,7}

Filter paper electrophoresis is now a popular tool of the modern laboratory. Serum fractions separated by paper electrophoresis can be processed in different ways to demonstrate proteins, lipoproteins, glucoproteins, etc. To visualize protein-bound carbohydrates, the polysaccharides are oxidized by periodic acid to give polyaldehydes, and the latter yield a purple color reaction with fuchsin-sulfite, the so called Schiff reagent.^{8,9}

MATERIALS AND METHODS

Well over 150 blood samples from healthy persons and patients with various diseases have been studied by electrophoresis. All blood samples were obtained in a fasting state. Five to 6 ml. of blood was withdrawn and 8 lambda of serum applied to each of three filter paper strips. Electrophoresis took place at 7-10°C, for 14 hours, at 3.2 amperes and 110 volts D.C. A sodium barbital-sodium acetate buffer of pH 8.6 was used. Staining procedures for proteins, protein-bound lipids, and pro-

This study was made possible by a grant from the Delaware Heart Association.

*Pathologist, Kent General, Milford Memorial, and Beebe Hospitals.

With the technical assistance of W. George Chubaty, B.S., Irene R. Mazer, B.S., and Joyce S. Evans, B.S., research technicians.

tein-bound carbohydrates were modified for our purpose. The strength of color reactions was measured in a densitometer, reading were plotted on graph paper, curves were drawn and areas between the peaks of curves and the base line were measured with a planimeter. Absolute and relative amounts of the various serum fractions were calculated from the measurements and chemical assays of protein.

The total amount of glucoproteins equals but 10-30 per cent of the total quantity of protein. Thus, if one uses equal amounts of serum for fractionation the curve for glucoproteins is much lower than the curve for proteins and the areas beneath the curves differ, accordingly. This may be seen in Fig. 1.

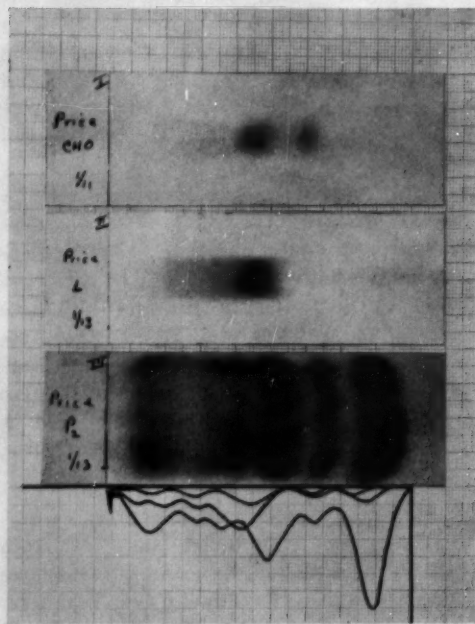


FIG. 1

Three parallel elpherograms. Upper curve and strip — proteins; middle curve and strip — lipoproteins, lowest curve and strip — glucoproteins.

On the basis of our studies, we arrived at the following normal minimum, average, and maximum values for glucoprotein fractions:

	Minimum	Average	Maximum
albumin	5.6%	6.8%	11.2%
alpha ₁ -globulin	18.2	23.5	28.4
alpha ₂ -globulin	26.0	31.0	35.6
beta-globulin	18.6	22.2	28.9
gamma-globulin	4.6	14.3	21.0

Most of the fractions of normal blood serums deviate but slightly from average values. (These figures might undergo corrections with accumulation of larger material.)

RESULTS

Seven elpherograms were selected (Figs. 2-8) to provide the basis for discussion. The first (Fig. 2) tracings are normal; the next four graphs (Figs. 3-6) show the common deviation from the norm, namely the increase in alpha₂-glucoproteins; the last two curves (Figs. 7 & 8) show uncommon deviations in the glucoprotein elpherogram.

(1) Tracings in Fig. 2 are within normal limits. The probant was a healthy 30 year old white man^a (H.L.), a blood donor.

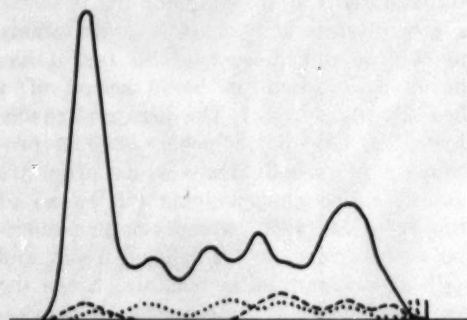


FIG. 2

FIG. 2 — H.L., HEALTHY BLOOD DONOR	
Total protein (TP)	6.85 gm%
Globulin (G)	58.5 %
Albumin (A)	41.5 %
Albumin + alpha ₁ -globulin (Aa)*	50.4 %
Cholesterol (C)	185 mg%
Lipoproteins (LP)	
alpha (a)	21.0 %
beta (b)	79.0 %
Glucoproteins (GP)	
albumin (A)	10.4 %
alpha ₁ (a ₁)	23.4 %
alpha ₂ (a ₂)	26.0 %
beta (b)	26.0 %
gamma (g)	18.2 %

*For correlation with results of chemical fractionation, alpha₁-globulin has to be added to albumin

Solid line, protein fractions

Broken line, lipoprotein fractions

Dotted line, glucoprotein fractions

Abbreviations used in Figs. 3-8

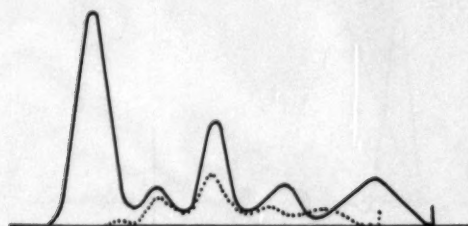


FIG. 3

FIG. 3 — H.W., TUBERCULOSIS

TP	7.90 gm%
G	53.9 %
A	46.1 %
Aa	53.4 %
C	
LP	not determined
a	
b	
GP	
A	4.5 %
a ₁	19.8 %
a ₂	37.8 %
b	17.2 %
g	20.7 %

(2) In Fig. 3 the peak for alpha₂-globulin is sharp and equals 19.1 per cent of all protein. This increase in alpha₂-globulin is caused by a rise in alpha₂-glucoglobulin which amounts to 37.8 per cent of all protein-bound carbohydrate. In this instance, the elpherogram aided in differential diagnosis. The patient (H.W.), a 14 year old white boy,^b had indefinite signs and symptoms of chest disease. On x-ray examination a circumscribed shadow was found but it could not be determined whether this was caused by a pleural pocket or an intrapulmonic defect. The significant increase in alpha₂-glucoprotein led us to suggest the presence of pulmonary cavity. Three days later tubercle bacilli were found in the sputum.

(3) In Fig. 4 we have a moderate relative increase in globulin and decrease in albumin, an increased amount of beta-lipoprotein and decreased alpha-lipoprotein, and a marked increase in alpha₂-glucoprotein amounting to 46.4 per cent of total protein-bound carbohydrate. The blood serum was that of a 42 year old white man^a (R.H.) admitted for substernal pain radiating to the left shoulder. The differential diagnosis rested between angina pectoris and myocardial infarction. The altered elpherogram, namely increase in alpha₂-glucoprotein, pointed toward tissue destruction and infarction. The elpher-

ograms illustrated here were taken on the second hospital day. On that day blood sedimentation was normal; it became accelerated four days, later.

(4) Tracings in Fig. 5 are from a blood serum of a 77 year old white man^c (B.S.) with senile destruction of brain tissue. There is marked relative hyperglobulinemia and, conversely, hypoalbuminemia; there is a shift in the alpha-beta lipoprotein spectrum, a marked rise in alpha₂-glucoprotein amounting to 47.4 per cent of all protein-bound carbohydrate, accompanied by a marked drop in alpha₁-glucoprotein to but 5.3 per cent. There also is a hypocholesteremia of 89 mg. per 100 ml. of blood. All these findings supported the clinical diagnosis.

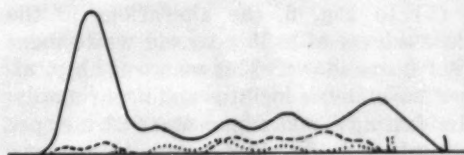


FIG. 4

FIG. 4 — R.H., MYOCARDIAL INFARCTION

TP	7.35 gm%
G	54.5 %
A	45.5 %
Aa	54.0 %
C	231 mg%
LP	
a	15.0 %
b	85.0 %
GP	
A	7.3 %
a ₁	24.4 %
a ₂	46.4 %
b	12.2 %
g	9.7 %

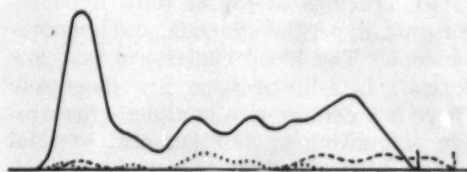


FIG. 5

FIG. 5 — S.B., SENILE BRAIN DAMAGE

TP	7.90 gm%
G	65.2 %
A	34.8 %
Aa	39.8 %
C	89 mg%
LP	
a	18.0 %
b	92.0 %
GP	
A	11.3 %
a ₁	5.3 %
a ₂	47.4 %
b	24.7 %
g	11.4 %

b. Milford Memorial Hospital, Milford, Del.
a. Kent General Hospital, Dover, Del.

c. Boston State Hospital, Boston, Mass.

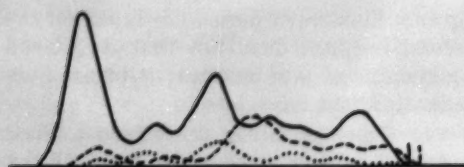


FIG. 6

FIG. 6 — A.P., DIABETES & NEPHROPATHY

TP	4.85	gm%
G	63.6	%
A	36.4	%
Aa	44.7	%
C	202	mg%
LP		
a	14.0	%
b	86.0	%
GP		
A	7.5	%
a ₁	25.0	%
a ₂	45.0	%
b	15.0	%
g	7.5	%

(5) In Fig. 6, the alterations in the blood serum of a 55 year old white man^d (A.P.) are shown. This man was hospitalized for diabetes mellitus and nephropathy. His fasting blood sugar was 320 mg. per 100 ml. and the blood urea-nitrogen was 30 mg. per 100 ml. Besides hyperglobulinemia and hypoalbuminemia there is a hypoproteinemia present. There is a shift toward beta-lipoproteins. Alpha₂-globulin is increased and equals 24.7 per cent of all protein. Alpha₂-glucoproteins are markedly increased and amount to 45.0 per cent of all glucoproteins. The findings supplemented the clinical diagnosis. Post-mortem diagnosis was diabetes mellitus and intracapillary glomerulosclerosis.

(6) Tracings in Fig. 7 show hypoproteinemia, hyperglobulinemia, and hypoproteinemia. The blood cholesterol is a low normal; beta-lipoproteins are increased. There is a definite rise in alpha₁-glucoprotein amounting to 39.7 per cent of total protein-bound carbohydrate. Among all our cases this is the only one with an increase in alpha₁-glucoproteins. This alteration in the elpherogram was persistent and was found in all nine tracings taken over a period of four weeks. The illustrated graph was obtained on the fourth day of illness, but elpherograms taken two days before were very similar. The patient, a 74 year old white man^e (J.M.) was hospitalized for rather typical acute myocardial infarction.

d. Wilmington General Hospital, Wilmington, Del.
e. Beebe Hospital, Lewes, Del.

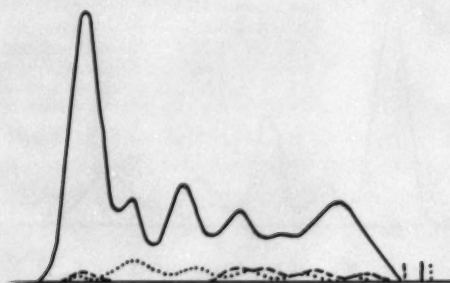


FIG. 7

FIG. 7 — J.M., MYOCARDIAL INFARCTION

TP	5.65	gm%
G	63.6	%
A	36.4	%
Aa	46.2	%
C	114	mg%
LP		
a	19.0	%
b	81.0	%
GP		
A	7.5	%
a ₁	39.7	%
a ₂	26.4	%
b	17.2	%
g	20.7	%

(7) The curves shown in Fig. 8 are strikingly abnormal. Total protein level is normal but there is a severe relative hyperglobulinemia which is due to marked elevation of gamma globulin which amount to 56.5 per cent of all serum protein. Correspondingly, there is relative hypoalbuminemia. Blood cholesterol is elevated. The lipoprotein pattern is not characteristic. In this instance, beta-glucoproteins are elevated and equal 45.4 per cent of all protein-bound carbohydrate; alpha₁- and alpha₂-glucoproteins are subnormal, with 16.7 and 18.2 per cent, respectively. To this date, this serum was the only one in which there was an increase of beta-glucoproteins. The blood came from a 17 year old Negro boy^b (E.B.) hospitalized repeatedly because of nephritis and hepatitis. At autopsy there was severe liver cirrhosis with bile stasis which microscopically proved to be of postnecrotic type.

DISCUSSION

The glucoprotein elpherogram is altered in many pathologic conditions. The common denominator for all these conditions is *tissue destruction*. There is no deviation from the normal elpherogram in serums from patients with inflammation (where C-reactive protein appears persist-

b. Milford Memorial Hospital, Milford, Del.

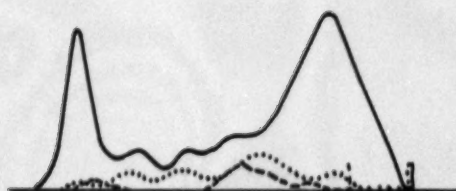


FIG. 8

FIG. 8 — E.B., POSTNECROTIC CIRRHOSIS OF LIVER

TP	7.35	gm%
G	78.2	%
A	21.8	%
Aa	27.8	%
C	255	mg%
LP		
a	26.0	%
b	74.0	%
GP		
A	7.6	%
a ₁	16.7	%
a ₂	18.2	%
b	45.4	%
g	12.1	%

ently in the blood). Neither can the abnormal elphogram be correlated with tissue repair (when serum polysaccharide not bound to protein might be increased).

As a rule, alpha₂-glucoprotein rises in the blood serum of patients with tissue destruction. Apparently, this rise is due to liberation of alpha₂-glucoprotein from the destroyed ground substance. One should be aware that we are referring to glucoproteins separated at pH 8.6, and that under different experimental conditions other observations might be made.

We encountered two exceptions to the rule. The elevation of alpha₁-glucoprotein (Fig. 7) is puzzling since in a fairly large series of patients with myocardial infarction it always was alpha₂-glucoprotein which was increased. The elevation of beta-glucoproteins in another patient (Fig. 8) remains unexplained. We had no other serum of a patient with liver cirrhosis.

Alpha₂-glucoprotein increases rather promptly, within 48 hours after onset of acute illness. This alteration is often seen before the blood sedimentation rate is altered. On multiple occasions the electrophoretic pattern was found abnormal prior to electrocardiographic changes, in patients with acute myocardial infarction.

From electrophoretic fractionation of glucoproteins one can not determine

whether tissue destruction involves the brain, heart, kidneys, lungs, bones, etc. However, with simultaneous fractionation of proteins and lipoproteins, with other chemical tests, and with the aid of clinical data, localization is feasible.

The height of alpha₂-glucoproteins parallels the degree of tissue destruction. Repeated assays will aid in the prognosis, especially in combination with elphograms of proteins and lipoproteins, and with other blood chemical studies. Thus, for example, lowering of the peak for alpha₂-glucoprotein and simultaneous rise of blood cholesterol represent, in a patient with acute myocardial infarction, a good prognostic sign. Subsequent rise in alpha₂-glucoprotein and drop in cholesterol indicate recurrence.

Gradually proper indications and limitations of all the tests for "acute phase reactants" will be established. Electrophoretic separation of serum glucoprotein fractions enables us to detect tissue destruction. Together with other studies, electrophoretic fractionation of protein-bound carbohydrates aids in differential diagnosis. Periodic assays of glucoproteins have prognostic value.

SUMMARY

On the basis of examples, the usefulness and limitations of fractionation of protein-bound carbohydrates in the blood serum by paper electrophoresis are discussed.

REFERENCES

1. Shetlar, M. R., Bryan, R. S., Foster, J. V., Shetlar, C. L., and Everett, M. R.: Serum Polysaccharides in Experimental Inflammation, *Proc. Soc. Exper. Biol. & Med.* 72: 294-296, 1949.
2. Shetlar, M. R., Shetlar, C. L., Richmond, V., and Everett, R. R.: Polysaccharide Content of Serum Fractions in Carcinoma, Arthritis, and Infections, *Cancer Research* 10: 681-683, 1940.
3. Mehl, J. W., Humphrey, J., and Winsler, R. J.: Mucoproteins of Human plasma. III. Electrophoretic Studies of Mucoproteins from Perchloric Acid Filtrate of Plasma, *Proc. Soc. Exper. Biol. & Med.* 72: 106-109, 1949.
4. Kroop, I. G., and Shackman, N. H.: Level of C-reactive Protein as a Measure of Acute Myocardial Infarction, *Proc. Soc. Experim. Biol. & Med.* 86: 95-97, 1954.
5. Stollerman, G. H., Glick, S., Patel, D. J., Hirschfeld, I., and Rusoff, J. H.: Determination of C-reactive Protein in Serum as a guide to the Treatment and Management of Rheumatic Fever, *Am. J. Med.* 16: 645-655, 1953.
6. Milch, L. J., Redmond, R. F., and Calhoun, W. W.: Blood Lipoproteins in Traumatic Injury, *J. Lab. & Clin. Med.* 43: 603-614, 1954.
7. Thomas, R. S., Vaughan, B. E., Walker, E. L., and Pace, N.: Plasma Lipoprotein Changes Following Thermal Injury in the Dog, *Proc. Soc. Experim. Biol. & Med.* 83: 553-558, 1954.
8. Kōwi, E., and Grönwall, A. Staining of Protein-bound Carbohydrates after Electrophoresis of Serum on Filter Paper, *Scand. J. Clin. & Lab. Invest.* 4: 244-246, 1952.
9. Raynaud, R., D'eshougues, J. R., Pasquet, P., and Di Giovanni, S.: Glucoprotéides sériques et électrophorés sur papier, *Algérie Méd.* 57: 721-723, 1953.

MAMMARY CARCINOMA WITH METASTASIS TO THE CERVIX UTERI

PRIMITIVO T. CRUZ, M.D.,*
Lewes, Del.

It is common knowledge that primary carcinoma of the breast usually metastasizes to regional lymph nodes.¹ Metastasis to distant organs is being mentioned in medical literature. Gross et al.² reported a case of malignant breast lesion detected during pregnancy, with multiple metastatic nodules found in the placenta at term. Slaughter,³ in a statistical study, wrote that 10 per cent of ovarian carcinoma were secondary to primary carcinoma of the stomach or the breast. In the same article he cited the work of Stone who summarized 133 cases of ovarian carcinoma reported in the literature, 25 of which came from a primary mammary lesion. However, genital metastasis from mammary cancer is apparently limited to the ovaries. At least, no other sites of metastasis to the sex organs were recorded.

Our case study deals with an unusual case of mammary carcinoma with metastasis to the cervix uteri detected five years after radical amputation of the affected breast. Aside from the fact that it is a rarity, the secondary growth, by its localization and symptomatology, could have easily been mistaken for a primary neoplasm of the cervix.

CASE HISTORY

E.L. (Hospital No. 44970, Beebe Hospital of Sussex County), a 47 year old, white housewife, was admitted for gross hematuria and burning sensation on urination for two days. She had a similar attack three months prior to present hospitalization, accompanied by a dull ache over the left costo-vertebral angle. A year ago this patient was hospitalized for menorrhagia. At that time, the cervix uteri was normal on inspection. Histologically (SB-53-158), the endometrium had proliferative character and the cervical tissue was normal.

On present admission, the cervix uteri was hard but smooth. Microscopically (SB-54-326), cervical biopsy revealed a neoplasm. Routine cystoscopy was negative for bladder pathology. An intraven-



FIG. 1

Relationship of metastatic node to cervical mucosa (x 60).

ous pyelogram showed partial obstruction of the left ureteropelvic junction. Red and white blood cells were present in the urine.

PATHOLOGICAL REPORT*

Grossly, the submitted cervical tissue is smooth but indurated. It measures 1.5 by 1.0 by 0.8 cms. Microscopically (Figs. 1 & 2), the ectocervix is intact and well preserved, with normal mucous glands in the subepithelial layer. In the deeper fibromuscular zone there is a well circumscribed nodule made up of solid nests of round to oval shaped cells. These cells have a large hyperchromatic nucleus and scant acidophilic cytoplasm. There is moderate nuclear pleomorphism. Several mitotic figures are present. The nodule is encapsulated by a thin strip of fibrous tissue. Multiple sections of the tissue block at various levels do not reveal any connection with the cervical epithelium.

DISCUSSION

While the cervical neoplasm was diagnosed as secondary in nature the localization of the primary site became a matter of speculation. The resemblance to mammary carcinoma was noticed but proper diagnosis was not accomplished until additional data from the case history were obtained.

The clinical history indicated that the patient had a painful lump in her right breast in 1948 and that, after the growth was diagnosed as carcinoma by biopsy (G. G.-37A-48), radical mastectomy was per-

*Associate in Pathology, Beebe Hospital. The author wishes to thank Dr. Ervin L. Stambaugh for permission to study and to report this case.

*Dr. O. J. Pollak, pathologist.
*Dr. Douglas Gay, pathologist.

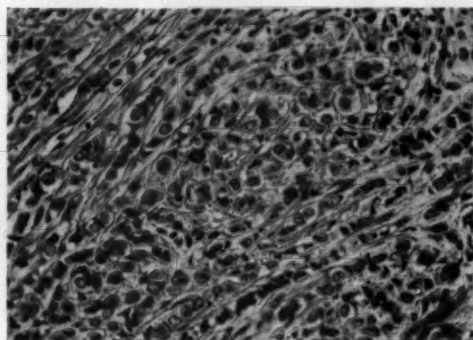


FIG. 2

Architecture of metastatic carcinoma (x 300).

formed. Comparison of tissue slides from the cervical node (1954) with those from the breast tumor (1948) revealed the identity of the two lesions.

There were no axillary or other lymph nodes palpable during the recent hospitalization. Patient was discharged and is alive at the time of writing this report.

SUMMARY

An unusual case of primary mammary carcinoma with metastasis to the cervix uteri detected five years after radical mastectomy is reported.

The extreme rarity of such occurrence, in comparison with other unusual sites of secondary breast tumor reported in the literature, is emphasized.

Attention is called to the possibility that secondary mammary carcinoma in the cervix uteri may mimic primary cervical neoplasm in its symptomatology and even in some of its morphologic features.

REFERENCES

1. Ackerman, L. V. A., and Regate, J. A. del: *Cancer*, pp. 939-940. St. Louis, C. V. Mosby Company, 1947.
2. Gross, R., O'Connor, M. H., and Holland, F. D. J.: *Placental Metastasis of a Breast Carcinoma*, *J. Obst. & G. Brit. Emp.* 58: 810-811, 1951.
3. Slaughter, D. P.: *Simultaneous Carcinoma of the Breast and Genitalia*, *Intern. Abstr. Surg.* 79: 89, 1944.

(Concluded from page 322)

PRESIDENT SMITH: Is there anything further to come before the House? If not, I declare the meeting of the House of Delegates adjourned.

(The meeting of the House of Delegates thereupon adjourned at 11:05 p.m. o'clock.)

TRANSACTIONS: HOUSE OF DELEGATES OCTOBER 11, 1954

The Meeting of the House of Delegates of the Medical Society of Delaware convened at 8:45 p.m. at the Peoples Church Community Hall, Monday, October 11, 1954, Hewitt W. Smith, President of the Society, presiding.

PRESIDENT SMITH: The Meeting of the House of Delegates will please come to order. I now declare the meeting of the House of Delegates of the 165th Annual Session of the Medical Society of Delaware in order, for the transaction of business.

The first order of business is the roll call by the Secretary.

(Roll call was taken by Secretary Cannon)

Mr. Secretary, do we have a quorum?

SECRETARY CANNON: There are 21 members present; 15 is a quorum.

PRESIDENT SMITH: The next order of business is the minutes of the last session. Inasmuch as they were printed in the *December Journal*, and if there are no corrections or additions, the minutes will stand approved as printed.

Report of the President

My duties as your President in this year of 1954 have been relatively light and prosaic, largely because 1954 is a so-called "off" year in which the Legislature of the State of Delaware does not meet; consequently, there were no legislative problems to be resolved.

I met with the component societies of Kent and Sussex and explained the proposed annual program of The Medical Society of Delaware, and discussed issues of national importance which at that time were being decided in Washington by the lawmakers. In conjunction with this proposed legislation, I had correspondence with Senators Frear and Williams and Representative Warburton detailing the views of organized medicine and the reasons therefor, followed with a request for favorable consideration from the physicians viewpoint. Due to the combined efforts of the members of organized medicine, the legislation passed at the 83rd session of Congress was very favorable to physicians.

I attended two meetings called by the Chairman of the Committee on Public Laws, dealing with the revision of the Delaware Code entitled "Medicine, Surgery, and Osteopathy."

It was my privilege to be a guest of the Medical Society of New Jersey at their 188th Annual Session held at the Haddon Hall Hotel in Atlantic City last May. While there I addressed the House of Delegates and extended to them a cordial invitation to meet with us at our Annual Session. I found that many of the problems confronting the Medical Society of New Jersey are similar to those facing us here in Delaware.

I attended the Annual Session of The American Academy of General Practice held in Cleveland last March.

Most of my duties as your President have been routine, such as appointment of committees, etc. I have endeavored to attend promptly to all Society business. I wish now to sincerely thank all members who have accepted committee appointments and whose efforts have contributed in no small part to the success of this 1954 annual meeting. I especially thank Dr. W. Edwin Bird for his patient guidance and for allowing me to participate in his vast store of knowledge respecting Society business. To him is due great credit for the excellence of this 1954 Session.

Respectfully submitted,

HEWITT W. SMITH, President

(Motion to accept the Report of the President was seconded; put to a vote and carried)

PRESIDENT SMITH: The next is the Report of the Secretary. That report was read to the Council. Being routine, the Council decided it was not to be read to the House of Delegates unless someone wishes it to be read. If there is no objection, the Secretary's Report will not be read. Hearing none, it is so ordered.

The next order is the Executive Secretary's Report. That report is to be read.

Report of the Executive Secretary

Your Executive Secretary reports that the volume of work for the year just passed shows a moderate increase over the previous year. The correspondence and other work is on a current basis.

We, together with the officers, made an official visit to the Kent and Sussex Societies in the Spring, which meetings were very enjoyable, and we hope we imparted some information of value.

With Dr. Tarumianz, we attended the AMA Conference of Editors and Business Managers in Chicago in November and the Federation of State Boards in Chicago in February.

The membership of the Society is as follows:

	New Castle	Kent	Sussex	Total
October, 1953	275	25	48	348
New Members	23	1	10	34
	298	26	58	382
Losses				
Deaths	5	0	2	7
Transfers	0	1	2	3

October, 1954 293 25 54 372
A gain of 24, as compared with 13 for 1953, and 7 for 1952.

Our exhibits this year are slightly smaller in number than the exhibits in Dover in 1950, but the amount of revenue derived is slightly larger, being \$885, due to a slight increase in some of the rates.

We have assembled a program for this Session which we hope you will like. Stress has been placed on the general practitioner.

In conclusion, we wish to thank all of the officers and members of the Society and of the Auxiliary, with whom we have had official business during the year. Their cooperation has been splendid and we gratefully acknowledge it.

Respectfully submitted,

W. EDWIN BIRD, *Executive Secretary*

PRESIDENT SMITH: You have heard the Executive Secretary's Report. Are there any questions? If not, the Chair declares the Executive Secretary's report accepted.

Next, the report of the Treasurer.

Report of the Treasurer

Cash Balance—January 1, 1954.....	\$ 120.27
Receipts	
State Dues and A.M.A. Assessments	15,525.00
State Journal	1,600.00
Dividends	316.64
Exhibitors	645.00
Miscellaneous	151.50

Total Receipts\$18,358.41
Total Disbursements 15,271.10

Cash Balance as of September 30, 1954. . \$ 3,087.31
Convention and other large items yet to be paid.
1954

Disbursements

Salaries:

Ex. Secretary	\$3,564.00
Stenographer	414.36
Internal Revenue (withholding tax)	976.80
State Tax	25.20
	\$ 4,980.36

Office:

Stationery	\$ 264.23
Magazines, due & subscriptions	90.00
Ex. Sec. Expenses	383.66
	737.89

Operations:

AMA Assessments	
(1954)	\$7,537.50
(1953)	450.00
Subscriptions to State Journal	933.00
Auditor	175.00
Safety Deposit Box	4.40
	9,099.90

Delegate to A.M.A.\$ 190.00
200.00 390.00

Miscellaneous

Badges	\$ 42.35
Flowers	20.60
	62.95

Total Disbursements\$15,271.10

Respectfully submitted,

CHARLES LEVY, *Treasurer*

The next order of business is the Report of the Council. Dr. Cannon, do you care to read the Minutes of the Council?

Report of the Council

SECRETARY CANNON: This is a long report and I will only highlight it by saying that the reports you will hear tonight were gone over by the Council, examined and discussion had regarding whether the long reports would be read in detail to this meeting or whether they should be read by title only. There was also miscellaneous business with regard to plans for next year's meeting in Wilmington, the matter of appropriations for the delegate to the AMA, etc. The meeting was then adjourned and most of what the Council did you will hear about tonight.

PRESIDENT SMITH: Thank you, Dr. Cannon. Are there any questions? If not, the Report of the Council will be accented as read.

Now we come to the Standing Committees.

The Committee on Scientific Work is our first Committee.

Committee on Scientific Work

SECRETARY CANNON: No meeting of the Scientific Committee has been held. The program as prepared by the President, the Executive Secretary, and others is well done.

PRESIDENT SMITH: If no objection, the report will be received.

The Committee on Medical Education is next.

Committee on Medical Education

DR. A. R. SHANDS: Mr. Chairman, this Committee had no meetings during the year. We hope some day to get something started at the University of Delaware.

PRESIDENT SMITH: If no objection, the report will be accepted.

Next, the Committee on Publication.

Report of Committee on Publication

Report of the Editor

We are nearing the end of Volume 26 of the New Series. The amount of material published is about equal to that of previous volumes. Through the excellent cooperation of the hospitals and other contributors, together with the papers from our annual session and papers from the meetings at the Delaware Academy of Medicine we have on hand at present a surplus of material — a healthy condition which we hope will continue. The value of the material contributed by the physicians in Delaware is definitely improving — another healthy condition which we hope will continue. The Journal receives requests for reprints from all over the United States and several foreign countries.

The Star Publishing Company, who print the Journal, deserves a kind word for their continued courtesies.

To all our officers and members, whose continued cooperation sustains us, we offer our grateful thanks once more.

Respectfully submitted,
W. EDWIN BIRD, Editor

Report of the Managing Editor

August 1, 1953 to August 1, 1954

A. Checking Account

Checking Account, Wilmington
Trust Co. August 1, 1953..... \$2,298.10

Receipts

Advertisements\$10,746.78
Subscriptions
 Medical Society Members 834.00
 Other 148.50
Single Copy Sales..... 196.73
Halftones 129.24
Interest on Bonds (Purchased 12-10-42, \$3,502.38) 87.50
Reprints 185.00
Royalties76

Total Receipts\$12,328.51

Disbursements

Printing and Mailing Journal\$ 8,524.39
Editor's Salary 2,400.00
Rent to W. E. Bird, M.D.... 300.00
Social Security 63.00
Stenographer's Salary 540.00
Stationery and Supplies.... 43.98
Notary Fees 1.00
Postage 7.73
Telephone & Telegraph.... 4.26
Bound Volumes 19.50
Bonding Stenographer 16.50
Reprints 156.61
Register of Copyrights 48.00
Donation to Academy of Medicine 500.00

Total Disbursements...\$12,624.97
Deficit 296.46

Balance in Checking Account, August 1, 1954 \$2,001.64

B. Savings Account

Savings Account, Wilmington Trust Co., August 1, 1953\$ 1,664.27
Interest on Savings Account 15.00

Balance in Savings Account, Wilmington Trust Co., August 1, 1954 \$1,679.27

Savings Account, Wilmington Savings Fund Society, August 1, 1953\$ 3,222.19
Interest on Savings Account 96.66

Balance, Wilmington Savings Fund Society, August 1, 1954 3,318.85

Balance in Savings Accounts, August, 1954 \$4,998.12

C. War Bonds

U. S. War Bonds\$ 3,502.38
Purchased December 10, 1942.....
U. S. War Bonds, Balance, August 1, 1954\$ 3,502.38

Summary

Checking Account Balance, August 1, 1954\$ 2,001.64
Savings Accounts Balance, August 1, 1954 4,998.12
U. S. War Bonds 3,502.38

Grand Total (Accounts A,B,C).....\$10,502.14

EXECUTIVE SECRETARY BIRD: You are aware, of course, that The Star announced last month that they were giving up their job-printing department, and we had to scurry around for bids, classify them, and make some definite arrangements. Our material is now being printed by the same firm in Wilmington that formerly printed *The Journal* for some eight years and did a splendid job. So we are fortunate, since we had to make a change, to have somebody with that sort of experience, because it is of a different nature from the other kinds of printing work. It is a "prestige" job, and people realize that if a house can print medical material properly they can print anything.

PRESIDENT SMITH: Are there any questions? If not, the report on Publications will be accepted. Next, the Committee on Public Laws, Dr. McDaniel.

Committee on Public Laws

DR. J. S. MCDANIEL, SR.: I think it is important enough to bring before the House of Delegates the different things that the Committee on Public Laws has done recently, and I think, too, that we ought to take very seriously some of the recommendations.

As Chairman of the Committee on Public Laws of the Society, I herewith submit the following report.

Due to the fact that the Delaware Legislature did not meet during the past two years there was no special activity of this Committee concerning the changing of laws which govern the practice of medicine and surgery in this state. However, there has been some necessary action taken by the Medical Council to interpret the present existing laws in order to make definite decisions, especially concerning the status of internes.

The present laws were undoubtedly made with the best of intentions, to conform with conditions and circumstances existing at that time. During the past twenty years wars and international affairs have brought about many changes in the practice of medicine and the management of hospitals.

Many of the young graduates of medicine have been taken into the armed services and many foreign graduates of unknown background have filled our hospitals as internes. Quite a few towns and rural communities of this State have been without adequate medical attention and consequently an extra burden has been put on the few doctors who live nearby. All of this brought up questions as to whether an interne should be allowed to assist a doctor in his private practice or whether his duties should be confined to the wards of the hospital. It also brought up the question of the requirements for a graduate of a foreign school to be employed as an interne or resident. According to the present law an interne must give proof that he is a graduate of a recognized medical college. You may readily see that satisfactory proof that these men are eligible for internship is very difficult because many of their schools are behind the Iron Curtain. Furthermore, many of the photostatic copies of their diplomas and other credentials have to be accepted as you see them whether they are bonafide or not.

Therefore, it became necessary on March 29, 1954 for the Medical Council to interpret the

laws concerning internes and it decided that internes must confine their activities to the wards of the hospitals and not be allowed to assist a physician in his private practice. They also insisted that internes show definitely that they were graduates of recognized medical schools. The Council informed the hospitals of the State that they must not register any more internes or residents who do not have the proper qualifications, but all internes or residents who have already registered will be allowed to complete their time in the hospital where they were then serving.

It was soon found that such rules would cause a great hardship with hospitals and the Council decided later to not enforce this law until after the meeting of the next Legislature when it is hoped that our present laws governing the practice of medicine and surgery in Delaware may be made to conform to present conditions.

The Medical Council urged that immediate steps be taken to change the present laws.

As Chairman of the Public Laws committee in June I requested a meeting of about ten physicians representing parts of the Medical Society of Delaware to go over the laws and make tentative changes. The following doctors were notified to meet at my home near Dover:

Victor D. Washburn, M. D., representing the Homeopathic Medical Society

Emil R. Mayerberg, M. D., member of the Committee on Public Laws

Harry Neese, Jr., M. D., President of Kent County Medical Society

A. R. Shands, Jr., M. D., President of New Castle County Medical Society

Leslie R. Dobson, M. D., President of Sussex County Medical Society

Hewitt W. Smith, M. D., President of Medical Society of Delaware

W. Edwin Bird, M. D., representing the Board of Medical Examiners

Wallace M. Johnson, M. D. and Joseph S. McDaniel, M. D., representing the Medical Council

Drs. Shands, Mayerberg, and Neese unfortunately could not attend.

The above group of men had three separate meetings and carefully examined every paragraph of the present law and made tentative changes where it was thought advisable. These laws and changes and many notes of suggestion were turned over by me to Mr. Andrew D. Christie, Attorney and Executive Director of the Legislative Reference Bureau of Delaware. In September, Mr. Christie sent me a rough draft of the proposed new Chapter on Medicine, Surgery and Osteopathy, which our Committee will review as soon as possible.

I have two more things here that the Committee feels should be brought before the House of Delegates and that will explain itself if I read a letter that was written by Dr. Hudson, regarding appropriations for the State Board of Health. (Reading the communication referred to) The Committee recommends that the House of Delegates will back this project up.

Another thing that was brought before the Committee is in regard to the licensure of practical nurses in Delaware. (Reading Dr. Mayerberg's letter) I hope the House of Delegates will back that up also, and we so recommend.

PRESIDENT SMITH: You have heard the recommendations of the Committee on Public Laws. Is there any discussion?

DR. WASHBURN: I would like to ask Dr. McDaniel whether he received a request from Dr. Hudson for the support of the Society with regard to his effort to obtain an appropriation

to employ another physician whose major duty will be to head up Civil Defense on the Board of Health in the state of Delaware.

DR. MCDANIEL: That isn't included in that letter. This has to do only with appropriations for a new building for the State Board of Health.

DR. WASHBURN: Then may I say, as a member of the Governor's Advisory Committee on Civil Defense matters that we might think well of the idea of supporting the State Board of Health in its efforts to obtain the appropriation necessary to employ a physician whose major obligation will be to head up a Civil Defense program in the state of Delaware. That is my motive, Mr. Chairman. If they approve of that it would seem to me this would be a proper time to instruct the Public Laws Committee to support the State Board of Health in its efforts.

PRESIDENT SMITH: I will rule this is the proper time to take that up, but I think I will take up Dr. McDaniel's recommendations first, and then I will ask you to bring up that matter.

Now, you have heard the recommendations of the Committee on Public Laws. What is your pleasure, gentlemen? You have three recommendations there, as I understand it. Are there any questions?

DR. BIRD: It might clarify things to state them.

PRESIDENT SMITH: The first was about your committee, that you wish to function until you get this present business out of the way. Is that correct?

DR. MCDANIEL: Yes.

DR. RENNIE: What committee is that? I was a member of the Public Laws Committee.

DR. WASHBURN: It is the Medical Council Committee.

DR. RENNIE: Isn't this perhaps the time to find out what changes there are to be made in the medical laws?

PRESIDENT SMITH: That is right — there are a number of changes made in the Public Law, but it is a very long report.

DR. RENNIE: Can you perhaps summarize it?

PRESIDENT SMITH: Dr. McDaniel can probably do it better than I could. Dr. McDaniel, could you summarize this proposed Code?

DR. MCDANIEL: It would be pretty nearly impossible to bring in the whole thing. It would bring up quite a lot of discussion. We would be glad to send copies to every member of the Medical Society if it is necessary.

DR. RENNIE: Is it lowering the bars and admitting a lot of unqualified doctors to the state?

DR. MCDANIEL: It was thought better not to bring it up at this time. I think the committee is, after all, a fairly good representation of the Medical Society of Delaware. They have been working on it during the summer. If the House of Delegates will recommend that the same committee go ahead and give us the right to accept or reject things, we would be glad to continue on with it.

PRESIDENT SMITH: The second recommendation is that the House of Delegates approve the request of the State Board of Health for additional laboratory facilities. I wouldn't think there would be any question in anybody's mind as to that.

DR. A. R. SHANDS, JR.: I would like to speak on that. I went into that with a special Advisory Committee, and it was the No. 1 point on our agenda at the time, because if there is anything the State Board of Health needs it is new quarters, at the present time.

I will make that in the form of a motion.

(The motion was seconded; put to a vote and carried)

PRESIDENT SMITH: Now the third recommendation: licensure of practical nurses in the state of Delaware.

DR. RENNIE: This is National Nurse Week. Two years ago the Governor defeated that bill: I think it was simply that the state wasn't prepared for it. At the present time, however, in fact, within the last two weeks, there is an approved school for practical nurses now in Wilmington. The Brown Vocational School has an approved program, and I think this is the time for this Society to back this movement to approve the practical Nurses' program as outlined in this bill.

I make a motion that it be approved.

(The motion was seconded)

DR. SHANDS: May I ask if this has the approval of the State Nurses' Association? Are we going against what they want?

DR. RENNIE: It does have the approval — it had the approval the last time of the nurses.

PRESIDENT SMITH: Is there any objection?

(The motion was put to a vote and carried)

That disposes of the practical nurses question. Now, Dr. Washburn.

DR. WASHBURN: I have a letter here from Dr. Hudson. The letter is dated September 21st and states that a request for funds has been made in our regular budget for a physician full-time, to head-up a Division for Health and Medical Services for Civil Defense. I hope that the House of Delegates will see fit to authorize the Directive Committee to assist or render help in the passage of such legislation.

PRESIDENT SMITH: Is there any discussion? You have heard Dr. Washburn's statement, and motion, I take it.

(The motion was seconded)

The motion has been made and it is seconded that we go on record being in favor of the employment of a full-time physician by the State Board of Health whose duty should be concerned primarily with Civil Defense.

DR. WASHBURN: I might say that it is Dr. Hudson's belief — and I share it with him — that it is not clear that a full-time service of a doctor is needed in the business of Civil Defense, but the way he has worded it, "Health and Medical Services for Civil Defense" will allow some leeway. I wanted just to be careful in the wording of that.

(The motion was then put to a vote and carried)

PRESIDENT SMITH: So ordered. Dr. Washburn, you can see that that gets into the proper channels.

DR. WASHBURN: It should go from the Secretary to Dr. McDaniel, I should think.

DR. SHANDS: Mr. President, Dr. Cutler has something in connection with legislative matters and it might save time, if he intends to say a word, if he will say it at this time.

PRESIDENT SMITH: Dr. Cutler, then, do you have something to say?

DR. CUTLER: I was just discussing with Dr. McDaniel whether or not this should be brought before the House at this time, or referred to the Public Laws Committee.

The ophthalmologists in Delaware want to add an exemption to the State Optometry Law. The State Optometry Law that is now in force is a rather all-inclusive one.

They would add two exemptions to these paragraphs of the present law to the effect that nothing in this chapter shall be construed to prevent the sale of spectacles or eye-glasses in the ordinary course of trade, provided no part of that chapter is violated in making such a sale. That means opticians can grind and dispense lenses.

As to the second paragraph, there is an exemption proposed to the effect that if any of these examinations are done by a recognized doctor of medicine the provisions of that Chapter shall not apply. However, if he employs someone to give optical training to fit contact lenses or, as is the case in many of the small and even larger cities in the United States, an orthoptic technician has an office of his own and is a qualified member of the Orthoptic Council in Delaware he or she according to law would not be allowed to fit contact lenses. According to this law this should only be done either by doctors or by optometrists.

It is a recognized practice throughout the United States that contact lenses may be fitted by qualified technicians who do it under the direction of, and you might say on the prescription of, doctors of medicine.

It is our suggestion that through the Public Laws Committee an additional exemption be attached to Par. 2117 of this Optometry Law which would exempt technicians who made any part of the lens or did any part of the technical duties as outlined in this previous paragraph defining Optometry, but to do this under the direction of a physician, whether in a doctor's office or not. Some aspects of this particular suggestion have come into the newspapers in regard to contact lenses and that is what has brought this matter to a head.

At the present time there are two orthoptic technicians doing work in Wilmington — one with an independent office and the other in her office with her husband who is a doctor, and, according to this law, both of these people are infringing on the optometry law.

PRESIDENT SMITH: Dr. Cutler, would you care to make a recommendation, then, to be given to the Committee on Public Laws? Would you care to make a recommendation and state it for the benefit of the stenotypist, and we will act on it?

DR. CUTLER: I would recommend that the Public Laws Committee draw up an exemption to the present optometry law to permit doctors to perform the technical procedures which are outlined in the Optometry Law, and also permit orthoptic technicians to do such work, either in a doctor's office or outside of a doctor's office, when such procedures are at the instigation of a doctor of medicine.

(The motion was seconded by several)

DR. MCDANIEL: I think the answer is for the ophthalmologists to get together themselves and get up a bill that they want to present and give to the Committee on Public Laws and we will do what we can to see that it goes through. It is not our duty to get up a bill.

PRESIDENT SMITH: All right. It has been moved and seconded that the House approve the recommendation. Is there any objection? If there is no objection, the House approves the recommendation and Dr. Cutler will see to it that they get up their bill and hand it to Dr. McDaniel.

Now, is there any other business to come up relating to the Committee on Public Laws? If not, I want to take this opportunity to state that the work Dr. McDaniel has been doing has been far beyond the line of duty, and unless you had worked with him you wouldn't know the tremendous amount of work he has done. So I ask at this time that the Report of the Committee on Public Laws be accepted with a rising vote of thanks.

(The House gave a rising vote of thanks, and the report was accepted)

PRESIDENT SMITH: Next, the Committee on the Budget.

Committee on Budget

TREASURER LEVY: I am pleased to report that the Budget should be properly balanced at the end of the year. Dr. Bird tells me that the anticipated dues-paying members will be about 370. The receipts anticipated are \$11,350 and we have a total disbursements or expenditures of \$11,150. I don't think I need to go into the details. It is all detailed here. But the figures do balance and I am sure the budget can be handled adequately. If there are any questions I will be glad to try to answer them.

I might add that in 1953 the budget was about \$10,100 which is about a thousand dollars difference, and the expenditures then were \$10,200—about a thousand dollars both ways, and we should balance it.

Proposed Budget for 1955**RECEIPTS**

Dues, current (340)	\$ 8,500.00
Dues, delinquent	115.00
Exhibits (33)	1,450.00
Dinner tickets (140)	1,050.00
Refunds, AMA Dues	85.00
Dividends	150.00

TOTAL \$11,350.00

DISBURSEMENTS

Salaries:	
Executive Secretary	\$3,600.00
Stenographer	600.00
Taxes (S.S.)	36.00
	\$4,236.00

Operations:

Journal Subscriptions (375)	\$1,125.00
Committee on Pub. Laws	200.00
Comm. Med. Serv. & Pub. Rel.	50.00
AMEF Committee	25.00
Grievance Board	25.00
Other Committees	50.00
Auditor	175.00
Miscellaneous	50.00
	\$1,700.00

Office:

Rent	\$ 516.00
T. & T.	150.00
Printing, Stat. Sup. & Post.	250.00
Miscellaneous	148.00
	\$1,064.00

Travel:

AMA Delegate	\$ 400.00
AMA Conference	300.00
Local	50.00
	\$ 750.00

Annual Session:

Rental	\$ 850.00
Programs and tickets	250.00
Badges	50.00
Projection Service	100.00
Stenotypist	350.00
Luncheon, Reception, Dinner	1,800.00
	\$3,400.00

Total Disbursements	\$11,150.00
Surplus	200.00
Receipts	\$11,350.00

Respectfully submitted,
CHARLES LEVY, Chairman

PRESIDENT SMITH: If there is no objection the report on the Budget will be accepted.

Next, the report of the Woman's Auxiliary.

Report of the Woman's Auxiliary

This is the silver anniversary, the twenty-fifth year since the organization of the Woman's Auxiliary to the Medical Society of Delaware. The president is happy to report that the years have seen no lessening in the enthusiasm and loyalty shown by the Auxiliary members.

It is with a sense of humility and deep feeling of gratitude to the State Executive Board and every member of the Auxiliary that I present this report for the 1953-54.

At no time during the year is it more obvious how little could have been accomplished under my leadership without the cooperative and intelligent participation of the active members. This is a report of the officers, committee chairman, and county presidents.

Because of the excellent leadership in each county we exceeded our expectations. So with a backward glance, we can count the mileposts and gauge the distance traveled this year.

It is always gratifying to find that the Membership Chairman has been able to demonstrate to more doctors' wives the advantage and responsibility for membership. Our total membership is 261 (New Castle County, 209; Kent County, 22; Sussex County, 30). All the doctors' wives in the state who are not members were sent a copy of the pamphlet "You Are Eligible." A contribution of two dollars was given by 90 per cent of all the members this year to meet increasing expenses.

Our principal activities have been in public relations, legislation, and nurse scholarships, and many of the county auxiliaries are well launched upon Civil Defense programs. We are extremely proud of the work of our members in the State-wide Chest X-ray Survey. The amount of volunteer help necessary to successfully conduct this survey was tremendous. I am happy to report that the Woman's Auxiliary members helped in planning the preliminary organization of all volunteer help; trained hostesses to work at the x-ray units; distributed placards and literature about the survey and addressed groups about the importance of being x-rayed. Auxiliary members who are graduate nurses staffed the x-ray retakes center at the survey headquarters.

Our next large project on a state-wide basis for the year was the booth on nursing at the Harrington Fair. Nurses from each of the hospitals' training schools, along with members of the three county auxiliaries, were on hand each day to explain the exhibit and to distribute literature and information about the hospitals. Our exhibit was very attractive and received many compliments. The committee feels it is a very worth while project. It is one ethical way in which the Auxiliary can advertise itself and its interest in health and welfare, and point out our scholarships for nursing. Provided we can get a good location for the booth, which will insure a good attendance of visitors, the committee recommends that this project be repeated.

The members of the Auxiliary are to be congratulated on their whole-hearted support of the nurse scholarship for student nurses. To date 9 students have entered training since August, 1950, 2 have completed their three years training; 1 resigned after completing one year of training. We now have 6 students in Delaware hospitals. The cost to the Auxiliary is approximately \$1,950.00 for the nine students.

Letters were mailed to 27 high schools in Delaware reminding the senior students that the Med-

ical Auxiliary scholarship was to be awarded again this year. Twelve applications were received. Three applicants were awarded the Medical Auxiliary scholarships (2 entered Milford Memorial Hospital and 1 the Delaware Hospital, which were the students' choice.) The cost of the 3 scholarships will be \$600.00. The Scholarship Committee were asked again to help the Wilmington Rotary Club select applicants for 5 scholarship awards, which were presented.

Health education and public relations were furthered by members of the Auxiliary. The program chairman of P.T.A. put into effect an extensive program on child health in the school. The Committee on Careers in Nursing of the Delaware State Nurses Association has two members of the Auxiliary on the committee this year. One member is Chairman of Health in the Delaware State Federation of Woman's Clubs. At least three of the members are Volunteer Chairmen of various Red Cross services. A group of Auxiliary members took the Red Cross Home Nursing course this year.

The Annual Carnival for patients of the Delaware State Mental Hospital was held and New Castle Co. Auxiliary members took an active part in the entertainment, and serving refreshments. Sewing meetings are being held each month for the making of layettes for the Visiting Nurse Association. Over 200 garments were made.

The film "YOUR DOCTOR" was shown on a local TV station. Contributions to the American Medical Education Foundation have been made by each of the County Auxiliaries, to total \$115.00.

The Chairman of Mental Health is an active member of the Hygiene Committee of the State Hospital. The Woman's Division of the State Civil Defense Organization has this year had representation from the Auxiliary. Our Chairman of Legislation has served on the Legislation Commission in the state of Delaware.

Total subscriptions to "Today's Health" number 93, an increase of 33.

During the year I presided at three meetings of the Executive Board, attended nine county meetings up and down the state. The friendliness and interest in the Auxiliary program in the counties, the record of our progress and service, not only to the medical profession, but to our American way of life, is one we can view with pride and satisfaction. The friendly contacts with county members at these meetings will be a lasting memory of pleasant association and many new friends.

The exchange of ideas is surely beneficial. Your president attended the Mid-Year Conference of Presidents and Presidents-elect and National Chairmen in Chicago in November, and took part in the legislation panel discussion. Your president and president-elect attended the Pennsylvania Mid-Year Conference in Harrisburg, and the Annual Meeting of the Woman's Auxiliary to the Medical Society of New York. Your president also attended annual meetings to the Auxiliaries of New Jersey and Maryland. She was also invited to be a guest at the Annual Meeting of the Delaware State Nurses Association in Wilmington.

I deeply appreciate the invaluable assistance and consideration given by the President of the Medical Society of Delaware, Dr. Hewitt W. Smith, Dr. Roger W. Murray, Chairman of the Advisory Committee, and Dr. W. Edwin Bird, Executive Secretary, each of whom advised and cooperated when the need arose.

Respectfully submitted,
CATHERINE E. CRUCHELY, *President*

PRESIDENT SMITH: If there is no objection the report of the President of the Woman's Auxiliary to the Medical Society of Delaware will be accepted with great thanks. It is an excellent report and unless your wife is very active in this Woman's Auxiliary you gentlemen really don't know how much work these women really do perform.

We turn now to the

SPECIAL COMMITTEES: First, the Report of the Advisory Committee to the Woman's Auxiliary.

Advisory Committee to W.A.

There have been no meetings of this Committee necessary during the past year but discussions with officers of the Auxiliary have been held informally from time to time.

Minor matters only were involved.

ROGER MURRAY, *Chairman*

PRESIDENT SMITH: If there are no objections the report will be accepted.

Next, the Committee on Cancer.

Committee on Cancer

The control of cancer in Delaware is implemented by a coordinating program of the Delaware Division, American Cancer Society, and the Cancer Control Division of the State Board of Health, working in cooperation with the hospitals and physicians of the State.

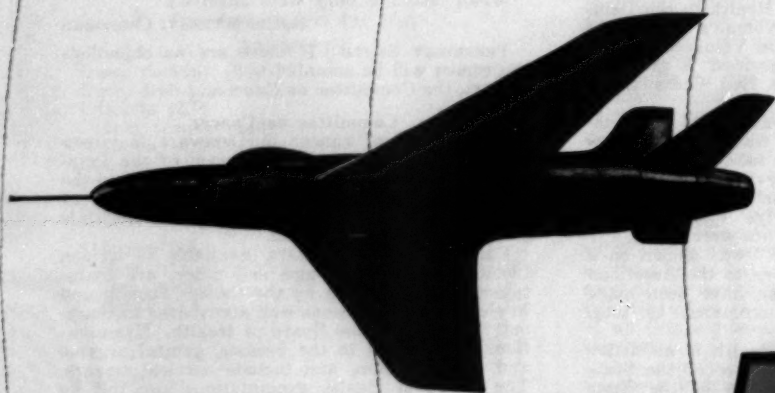
Cancer detection centers, available to women twenty-five years of age and older, are maintained in Wilmington by the Cancer Society and in eleven other locations well distributed throughout the State by the Board of Health. Examinations are limited to the breasts, genital organs, and lower rectum, and include cervical smears. The Board of Health examinations also include the mouth. Of the 2,163 examinations made by the Cancer Society, 1,486 were on women returning for the second to the thirteenth time. Nearly one-third of the women examined for the first time were in the twenty-five to thirty-five year age group and presented two of the five new positive cases of cancer recorded during the year. The cost of \$7.88 per examination compares very favorably with the cost at other detection centers throughout the Nation. It is contributed by the examinees and the public at large.

The Board of Health cancer detection services, supported by State appropriation, include examination of 1,383 smears obtained at detection centers and 1,008 submitted by physicians. The latter and a greater number of tissue biopsies submitted to the State Board of Health substantiate the impression that an increasing number of cancer detection examinations are being done in the offices of private physicians.

A definite indication that the cancer detection efforts are saving lives is found in the seventeen cases of early cancer of the cervix out of a total of twenty-nine cases reported by the Cancer Society. This number of early cases is proportionately far higher than in large cancer centers elsewhere.

The Cancer Control Division of the State Board of Health has transferred its tumor registry data to a system of punch cards which can be mechanically sorted into about twenty-five categories.

Cancer education for the public is carried on mostly by the Cancer Society by means of pamphlets and motion pictures. Professional education by the Cancer Society includes contributions of technical literature to the Academy of Medicine and to the hospitals, cancer textbooks and films for nurses, and the training of two technicians a year. The Board of Health also contributes cancer literature to the public and also



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sends "The Cancer Bulletin" to all doctors of the State.

Assistance to needy cancer patients is afforded by the Cancer Society in supplying housekeeping service, dressings, drugs, and other medical appliances on loan.

Respectfully submitted,
DOUGLAS M. GAY, *Chairman*

PRESIDENT SMITH: Are there any questions on this report of the Cancer Committee? If there are no objections the Report of the Cancer Committee will be accepted as read.

Next, the Report of the Committee on Tuberculosis.

Committee on Tuberculosis

The Committee on Tuberculosis submits the following report for the past year. Some of these statistics are based upon the fiscal year of the State Board of Health July 1st, 1953 to June 30th, 1954, and some other statistics are for the calendar year 1953.

The tuberculosis mortality rate for the 12 months was 16.1, based on a population of 353,000. Total deaths numbered 57, which included 53 resident deaths and 4 non-resident deaths. The death rate for the white population was 10.5 and the non-white population 51.1.

Statistics submitted by the State Board of Health for the Emily P. Bissell Sanatorium for the fiscal year are as follows:

Total admissions	207
Male	135
Female	72
Total discharges	149
Male	86
Female	63
Number of clinics held	282
Number of examinations	4,468
Number of fluoroscopies	1,377
Number of x-rays	3,091

The first state wide x-ray survey on a fast tempo basis was carried on during 1953 and 1954. Eight official and non-official organizations participated including many members of the Medical Society of Delaware. You have already received a copy of the report to date.

The Delaware Anti-Tuberculosis Society continued to lend its assistance to the overall state program. With the Wilmington Visiting Nurse Association co-operating, 1,569 bedside nursing visits were made on 78 patients. With the State Board of Health and the Society co-operating the mobile unit of the Board of Health made 3,173 x-rays. This was in addition to the x-rays taken during the State Wide X-ray Survey, which numbered 194,060, including 20,909 x-rays made by industrial programs. Other Society activities included diagnostic x-rays at the Society's clinic, 2,718; hospital x-rays, 2,437; fluoroscopies at the State Hospital, New Castle County Workhouse, and Health Centers, 2,220.

28 persons were rehabilitated.

39 schools were enrolled in health habit courses of the society.

The expansion and improvement program now going on at the Emily P. Bissell Sanatorium is expected to be completed by the end of this year.

Respectfully submitted,
GERALD A. BEATTY, *Chairman*

Are there any questions on the Report of the Committee on Tuberculosis? If there are no objections, the report will be accepted as read.

Next, the Committee on Maternal and Infant Mortality.

Committee on Maternal & Infant Mortality

To determine the relative importance of maternal and infant mortality a review of some of

the vital statistics of the State of Delaware for 1953 would be helpful.

There was a total of 9,210 births in 1953; of these 7,631 were white and 1,579 non-white. By counties the following facts are available:

In New Castle County there were 5,659 white and 936 non-white births. Of these 99.9% of the whites were attended by physicians and 99.7% were delivered in hospitals. Of the non-whites 98.8% were attended by physicians and 97.2% were delivered in hospitals.

In Kent County there were 704 white and 198 non-white births. Of these 95% of the whites were attended by physicians and 94% delivered in hospitals. Of the non-whites 72.8% were attended by physicians and 64.8% delivered in hospitals.

In Sussex County there were 1,268 white and 445 non-white births. Of these 98.2% of the whites were attended by physicians and 92.2% delivered in hospitals. Of the non-white 56.4% were attended by physicians and 45.8% were delivered in hospitals.

The birth rate by counties was:

New Castle
white — 17.0, and 30.2 non-white
Kent
white — 22.6, and 32.5 non-white
Sussex
white — 18.8, and 32.2 non-white

The average birth rate for the state was 25.1 white and 32.2 non-white or a general average of 26.1, i.e. number of births per 1,000 population.

The total number of male births was 4,723 and 4,487 females.

The number of premature births by counties was:

New Castle — 315 white and 130 non-white, or a rate of 60.8 and 144.9 respectively.
Kent — 47 white and 34 non-white, or a rate of 60.4 and 136.0 respectively.
Sussex — 67 white and 47 non-white, or a rate of 64.3 and 115.1 respectively.

The total for the state was 471 white and 214 non-white and a rate of 61.7 and 135.5 respectively.

The number of illegitimate births by counties was:

New Castle — 111 white and 277 non-white, or a rate of 21.4 and 308.8 respectively.
Kent — 29 white and 95 non-white, or a rate of 37.3 and 380.0 respectively.
Sussex — 16 white and 135 non-white, or a rate of 15.4 and 330.8 respectively.

The total for the state was 169 white and 512 non-white, a rate of 22.1 and 324.2 respectively.

The number of prenatal blood tests by counties was:

New Castle — 5,145 white and 847 non-white, or 99.4% and 94.4% respectively.
Kent — 746 white and 217 non-white, or 95.8% and 86.8% respectively.
Sussex — 910 white and 313 non-white, or 87.3% and 76.7% respectively.

The number of stillbirths by counties was:

New Castle — 72 white and 14 non-white, or a rate of 13.9 and 15.6 respectively.
Kent — 11 white and 6 non-white, or a rate of 14.1 and 24.0 respectively.
Sussex — 23 white and 19 non-white, or a rate of 22.1 and 46.4 respectively.

The total number for the state was 113 white and 40 non-white, or a rate of 14.8 and 25.3 respectively.

The infant mortality by counties was:

New Castle — 43 white and 15 non-white under 24 hours, and 94 white and 32 non-white in the neonatal period, or a rate of 18.1 and 35.6 respectively.

Kent — 8 white and 7 non-white under 24 hours, and 14 white and 9 non-white in the neonatal period, or a rate of 18.1 and 36.0 respectively.

Sussex — 11 white and 7 non-white under 24 hours, and 22 white and 16 non-white in the neonatal period, or a rate of 21.1 and 39.2 respectively.

The total for the state in the neonatal period was 144 white and 60 non-white, or a rate of 18.8 and 38.8 respectively, with an average of 22.1.

The total number of infant deaths under 1 year by counties was:

New Castle — 111 white and 36 non-white, or a mortality rate of 21.4 and 40.1 respectively.

Kent — 18 white and 10 non-white, or a mortality rate of 23.1 and 40.0 respectively.

Sussex — 36 white and 30 non-white, or a mortality rate of 34.5 and 73.6 respectively.

The total for the state was 281 white and 80 non-white or a mortality rate of 23.7 and 50.6 respectively with an average of 28.3.

There were approximately 65 causes of death in infants under one year with immaturity, immaturity with post-natal asphyxia and atelectasis, and congenital malformation of the heart the most frequently occurring.

The maternal mortality rate by counties was:

New Castle — 2 white and 0 non-white, with a rate of .4 and .0 respectively.

Kent — 0 white and 0 non-white, with a rate of .0 and .0.

Sussex — 2 white and 4 non-white, with a rate of 1.9 and 9.8 respectively.

The total for the state was 4 white and 4 non-white, with a rate of .5 and 2.5 or an average of .8.

The actual causes of death were given as:

Eclampsia	— 2 non-white
Ectopic pregnancy	— 1 non-white
Abortion-spontaneous with sepsis	— 1 non-white
Delivery with other trauma	— 1 white
Puerperal phlebitis and thrombosis	— 1 white
Puerperal pulmonary embolism	— 1 white
Cerebral hemorrhage in the puerperim	— 1 white

The Committee is deeply grateful to Mr. Cecil A. Marshall, statistician of the State Board of Health for his invaluable help in preparing this report.

Respectively submitted,

A. H. WILLIAMS, *Chairman*

Now we move onto the Committee on Mental Health.

Committee on Mental Health

The Committee met on September 13th, 1954 and reports the following:

The Committee recognizes the fact that Delaware has been fortunate in maintaining fairly adequate intra and extra mural psychiatric services.

In the past ten years the state agencies dealing with mental problems have been seriously concerned about over-crowdedness of their institutions which exceeds 20%.

The Medical Society of Delaware is cognizant of the fact that the mental health of the people of the state is fundamentally the concern of the Society. Therefore, it should fully support the essentials included in the biennial budgets for the care and treatment of patients of the Delaware State Hospital, Governor Bacon Health Center, State Welfare Home and Hospital for Chronically Ill, and Delaware Colony at Stockley, Delaware. The Committee feels that the requested budget of each agency is the minimum requirement for standard care of the patients

based in the Delaware State Hospital for 1956 at \$3.95 per diem per capita, and for 1957 at \$4.05 per diem per capita; in the Governor Bacon Health Center for 1956 at \$6.70 per diem per capita, and for 1957 at \$6.84 per diem per capita, in the Delaware State Welfare Home for 1956 at \$4.59 per diem per capita, and for 1957 at \$4.18 per diem per capita; and in the Delaware Colony for 1956 at \$4.10 per diem per capita, and for 1957 at \$4.50 per diem per capita.

Each agency, except the Governor Bacon Health Center, is in need of capital improvements based on housing needs because of over-crowdedness.

The American Medical Association has become very active in matters pertaining to mental health. The Committee on Mental Health of the American Medical Association has planned to hold a meeting with the Chairmen of the Committees on Mental Health of the State Medical Associations on September 17th and 18th, 1954 at the Chicago headquarters, at which time the various states will submit their reports on mental health. The Chairman of your Committee expects to attend the meeting in Chicago on September 17th not only as the Chairman but as a representative of the Medical Society of Delaware appointed by the President of the Society. According to the tentative program of the conference the welcoming address will be delivered by the President-Elect of the American Medical Association, Dr. Elmer Hess, who will speak on "Our Mental Hospitals—Boon or Bedlam." This subject of the President-Elect speaks of the great interest in mental health of the members of the American Medical Association and is a challenge to the Association to assist the American Psychiatric Association in its endeavor to improve the conditions of mental hospitals throughout the country.

Since the establishment of the Joint Hospital Accreditation Commission, the American Psychiatric Association has been able to coordinate its work with the Commission for the rating of mental hospitals. It behooves each state medical society to assist the American Psychiatric Association in its endeavor to rate all mental hospitals throughout the country.

Recently the Governor's Committee on Mental Health Training and Research in Delaware has approved the following 15 recommendations which were accepted at the Southern Regional Conference on Mental Health Training and Research which met in Atlanta, Georgia, July 21-24, 1954:

1. "The delegates from the State of Delaware endorse in principle the establishment of a Southern Regional Mental Health Training and Research Council as an integral part of the Southern Regional Education Board and that this council be composed of 24 persons, one member from each participating state to be appointed by the governor of the state, and that the additional eight members be appointed by the SREB in consultation with the 16 members of the council appointed by the governors.
2. The delegates recommend that this council be supported during the initial years by an appropriation of \$8,000 per year from each state for each of the first two years.
3. The delegates from Delaware believe that Delaware should become an active member of the SREB and will ask its Governor to consider this proposal favorably.
4. We believe that states which at this time do not have approved residence training in psychiatry can utilize Delaware's services for such training.

5. The delegates are of the opinion that the Delaware State Hospital, the Governor Bacon Health Center, and the Mental Hygiene and Child Guidance Clinics can quite easily be organized as a regional facility for the training of child psychiatrists.
6. We are hopeful that in a very few years developments that are now under way at the University of Delaware and at the Delaware State Hospital will have proceeded sufficiently to permit a regional training facility in clinical psychology.
7. We believe that because of its somewhat unique nature, the Governor Bacon Health Center could be utilized as a center for training and research in personality problems of children, as well as in cerebral palsy and other spastic disorders.
8. We also believe that Delaware's facilities for the study of alcoholism at the Governor Bacon Health Center could be expanded and utilized as a sub-regional or regional research center.
9. It is hoped that research in schizophrenia now under way at the Delaware State Hospital and the large three-year program on the Incidence of Mental Retardation now in its second year at the University of Delaware can be continued in such a manner as to provide additional facilities for training and research at these two institutions.
10. We recommend that regional meetings convene in various sections of the southern region in order to broaden the scope of contact of this group concerned with problems of training and research in mental health, thereby stimulating interest in these problems by people of various areas.
11. It is suggested that the southern region move as rapidly as possible to a consideration of the training of ancillary personnel in the dietetic, occupational, and recreational areas as these affect mental health.
12. Inasmuch as Congress had modified the immigration laws to admit professional personnel from other countries, and the southern states are seriously limited in available well-qualified personnel, that the southern region investigate methods by which refugee professional personnel may have the opportunity of accepting rotating internship programs and thus may qualify for the State Board examinations in those states.
13. It is recommended the legislature of the states in the southern region be requested to appropriate a fund for training and research in the areas of mental health and that this fund be separate from and over and above funds that are appropriated for operating expenditures for its mental hospitals and similar institutions in the area of mental health services. (It is expected that the Delaware Legislature will be requested to appropriate a sum of \$214,000. for a coordinated program of research and training throughout the State to be carried out by the University of Delaware, the State Hospital, the Governor Bacon Health Center, the State Welfare Home for Geriatrics, and the Delaware Colony for Defectives.)
14. We recommend that as a means of stimulating a greater interest in research in mental health, states should seek to establish closer relationships between mental health specialists, universities, and all other agencies and individuals interested in mental health, including general medical personnel, and that such groups should consider the enlarging of neuropsychiatric units in general hospitals

and establishing mental hygiene clinics and out-patient treatment centers in areas not now served.

15. We believe that inasmuch as the success of the whole program of this conference will depend upon the interest and backing of the citizens and the legislatures of all the southern states, it should be one of the first responsibilities of the Southern Regional Council on Mental Health Training and Research to assume the responsibility of taking the lead in promoting the publicity for the program, thus assisting the individual states in their own individual efforts of publicity."

The Committee on Mental Health of the Medical Society of Delaware requests, upon approval of the above, that a copy of this report be sent to the Governor of the State and to the Budget Committee.

Respectfully submitted,
M. A. TARUMIANZ, *Chairman*

PRESIDENT SMITH: Gentlemen, you have heard the reading of the report. Is there any discussion? Are you ready to accept the report? The Council discussed this matter and decided in order to save time we would refer these recommendations to a Reference Committee to be composed of three psychiatrists and let them come to their conclusion. If the House feels otherwise, it is all right, of course. Unfortunately I have lost the names of the three psychiatrists.

SECRETARY CANNON: Dr. S. Freihan, Ingraham and Kay. They were to meet with the Committee on Public Laws and report back to the Council—as a Reference Committee.

If there is no objection, then the report will be accepted.

Now, the Committee on Heart Disease.

Committee on Heart Disease

Last summer the Delaware Heart Association sent six indigent heart children, both colored and white, to a heart camp at Triangle, Virginia. This was a most wonderful experience for these underprivileged children — an experience which was a benefit to their health and morale. All of these children found that they could live and enjoy camp life the same as other children.

During the past winter the *News-Journal*, together with local health associations, sponsored the public health forums which have proved most popular. The subject of the first forum was HEART. Dr. A. Henry Clagett, Jr., immediate past-president of the DHA, served as moderator. The forums will be continued this coming year and will include a HEART program.

The DHA was honored last October 21-22 by being chosen as host to the Middle Eastern Heart Conference at the Hotel du Pont. The conference was directed by the national office of the American Heart Association and was attended by delegates from the Middle Atlantic States.

The Cardiac-in-Industry program is much closer to reality. During the year two important functions relative to the program were held. At a luncheon meeting last June interest was stimulated in the formulation of a work classification unit to assure future cooperation in such a program. On March 23rd of this year the DHA sponsored a Cardiac-in-Industry Conference at the Tower Hill School auditorium. It was well attended and because of the public interest shown the DHA will soon recommend that a Cardiac-in-Industry program be inaugurated, starting off with the establishment of a work classification unit this fall.

For the first time since the Association was formed two delegates attended the annual meeting of the American Heart Association's Assembly, held in Chicago April 1-2, 1954. They were

George M. MacLeod and Dr. A. Henry Clagett, Jr. The DHA was honored by the election of George MacLeod to the Board of Directors of the AHA for a three year term.

The research program was broadened during the past year. A grant of approximately \$1,700 was authorized to cover a new research project at the Memorial Hospital. Dr. Clagett is supervising the project which covers a study of the ballistic impulse of the heart in coronary heart disease. For the third year a \$4,000 grant was renewed for another project which was conducted at the Memorial Hospital under the supervision of Dr. Richard A. Neubauer. This covered a special study of the electrolytes in the body tissues in different states of cardiac failure. This project is no longer operating.

A \$5,000 grant to the research project at Kent General Hospital in Dover was renewed for the second year. This project is supervised by Dr. O. J. Pollak and covers a special study of a paper method of determining blood lipids and other blood constituents. Dr. Pollak's general problem is the Etiology of Arteriosclerosis.

The Heart Clinic at the Delaware Hospital is in its fourth year. During the last year 12 new indigent patients were referred to it and 72 indigent patients made revisits. There were seven admissions to the University of Pennsylvania Hospital — three were operatives, while four were admitted for special studies. Dr. Zinsser continues to serve as specialist at the clinic.

The DHA hopes to see the establishment of a heart clinic this year at the Beebe Hospital, Lewes, which the hospital would operate. The Association's participation would be limited to making funds available for the setting-up of the clinic.

Respectfully submitted,

EDGAR R. MILLER, *Chairman*

If there are no objections, the Report of the Committee on Heart Disease will be accepted as read, by title.

The Committee on Diabetes.

Committee on Diabetes

For a number of years this Committee has cooperated with and represented in Delaware the American Diabetes Association in its efforts to disseminate information about diabetes and to find the many unknown diabetics in our midst. Last spring the President of the American Diabetes Association (A.D.A.) appointed, with the approval of the President of the State Medical Society and with the approval of the State Diabetes Committee, a Governor of the A.D.A. for each state. Dr. Lewis B. Flinn was appointed for Delaware. The purpose is to facilitate development of the diabetes education program throughout the state in cooperation with the State and County Medical Societies.

This Committee has adopted the following plan for current activity:

Diabetes Week this year is November 14-20. Our effort will be directed to publicize the importance of early diagnosis. We plan to experiment with the St. Louis Dreyapak, an ingenious method for sending dried urine specimens through the mail for sugar examination. In December plans will be considered for the establishment of an affiliate organization of the A.D.A. in Delaware. It is hoped that the Diabetes Committee of the State Medical Society, the Governor for Delaware of the A.D.A., and the new affiliate organization, if and when formed, will then be able to carry on a much more extensive program next year. The Delaware State Board of Health has already expressed its interest in assisting us.

Respectfully submitted,

LEWIS B. FLINN, *Chairman*

PRESIDENT SMITH: You have heard the Report of the Committee on Diabetes. Is there any objection? If not, the report will be accepted.

Next, the Committee on Arthritis.

SECRETARY CANNON: There is no report.

PRESIDENT SMITH: Then we will go on to the Committee on Medical Service and Public Relations.

Committee on Medical Service & Public Relations

Your committee has been more active on the national front than on the local front this year. A.M.A. has required help from all angles in getting bills approved backed by the national organization, and in defeating those to which we were opposed.

The most notable example was the so called security measure which would have included physicians. It had been approved by the House Committee and reported out favorably. A.M.A. urged local committees to phone, wire and write their congressmen. Your committee did just that, and by our united efforts we were able to send the bill back to the committee and the physicians were taken off the measure. Another example, was the Reinsurance Bill, after much hard work we were able to kill it. We have been severely criticized by some newspapers and commentators throughout the country because of our attitude toward this measure and praised to the sky by other papers and commentators. I think statistics will show that more praised us than damned us for our action.

You may rest assured that President Eisenhower will have the same bill presented to Congress each year as long as he is in the White House. Unfortunately, he has a way of eventually getting whatever he wants.

We are indeed indebted to our Congressman Herbert Warburton and to our Senators, John Williams and Allen Frear, for their kindness to us and for their strong support of the A.M.A. Never forget for a moment that our Representatives in Congress pay a lot of attention to telephone and telegraph messages and to letters. Therefore, when the members of this society are asked to communicate with them it is for a definite purpose and the request should never be ignored.

Your committee is most grateful to the *News-Journal* and to Station WDEL-TV for their strong support of the program of A.M.A. and for the wide publicity they gave during the last national convention. We are also grateful to Station WDEL-TV for carrying each of the telecasts sponsored by Smith, Kline & French Co.

Your committee is much concerned over the attitude of the American Legion toward the A.M.A. At their last convention they berated the physician in general and those who are members of the A.M.A. in particular. They are furious because we opposed their proposition to amend the Veterans Administration policy to include injuries and illness not service connected. A.M.A. does not object to the government providing treatment for tuberculosis and psychiatric cases until the communities are able to take over.

When you stop to think and realize that we now have twenty million veterans and as time goes on there will be millions more, and should we adopt universal military training then every able bodied man and most women will eventually become veterans if they serve during wartime. You can readily see what will become of the private practice of medicine.

Your committee suggests that doctors who have seen service in any branch join the veterans organizations so as to try to offset, at the local level, some of the continual grabbing.

This committee hopes to join the other organizations responsible for the medical forums held in Wilmington last winter and spring. They were all well attended and enthusiastically received. We feel they should be continued.

We are pleased to report a much better physician-patient relationship in our state, particularly in New Castle County. Much of it can be attributed to the fine service and cooperation of the Physicians Exchange.

Your committee recommends closer cooperation of the physicians in the smaller communities and, in areas where physicians are far apart, that they make arrangements with each other to take over the work of the other during vacation time or other times when it is necessary to be absent.

We continue to advocate as we have in the past that all physicians take part in their church affairs, that they be a part of the community life, and that they support as well as they can all of the worthwhile drives for funds so necessary in any community.

Respectfully submitted,

E. R. MAYERBERG, *Chairman*

Next, the Committee on Military and Veterans Affairs.

Committee on Military & Veterans Affairs

This committee has had one meeting with a committee on Military Affairs from the New Castle County Society and representatives of the American Legion, including a Dr. Shapiro of Washington, D. C., who is medical advisor to the Legion. In addition, the chairman of the committee has spoken to the Rotary Club, explaining the attitude of the A.M.A. toward medical care of veterans. In addition, a number of reprints have been distributed from the *Readers' Digest* of March, 1954, containing an article on the V.A. route to socialized medicine.

It seems very likely that the next session of the national legislature will have to deal with a proposal that the medical care of the veterans with non-service connected disabilities be sharply curtailed. It is altogether likely that the A.M.A. will be bitterly attacked by veterans organizations for their stand. It does not seem likely that there can be any suitable compromise, since the attitude of the American Legion is that veterans are a special class of citizens solely because of their service in the Armed Forces and therefore are entitled to special privileges from the United States Government. Therefore, I suggest that this committee continue in existence for another year and that all efforts be made to acquaint each member of the medical profession with the facts regarding the coming controversy.

ROGER MURRAY, *Chairman*

PRESIDENT SMITH: Is there any question on Dr. Murray's report? If there is no objection, the report will be accepted.

Next, the Committee on National Defense.

Committee on National Defense

This committee held no stated meetings during the year. Its members were active, however. Dr. Victor D. Washburn attended a meeting in Washington and he proposed the following resolution:

Resolution No. 2

Unanimously adopted June 3, 1954, by the Medical Advisory Committee of Region 2, Federal Civil Defense Administration, meeting in Washington, D. C.

"WHEREAS, in those states where the administration of the medical aspects of the Civil Defense Program has been made the primary responsibility of one or more competent individuals, greater progress has been made than in those states with no such assignment and:

"WHEREAS, the logical person for such assignment is the State Health Officer because such officers possess administrative skill, are familiar with the governmental problems in their respective states, and have an organization trained in the administrative responsibilities of public health, now therefore

BE IT RESOLVED by the Medical Advisory Committee of Region 2 that the Governors of the respective states and the Commissioners of the District of Columbia be requested to assign the development within each State and the District of Columbia of a Medical Civil Defense Program consistent with policies of the Federal Civil Defense Administration and the civil defense policies of the respective state as a major responsibility of the State Health Officer. Within broad outlines established by him and consistent with the state civil defense policies, the development of the medical program shall be assigned by the State Health Officer to be the sole or primary responsibility of one or more competent persons in his administrative organization.

Mr. D. Preston Lee is the Director of State Civil Defense in Delaware; his office is in Newark. He has been most cooperative in sending civil defense information to the American Medical Association.

There are five full time employees of the state civil defense staff. The State Health Officer, Dr. Floyd I. Hudson, is head of the Medical Staff.

Respectfully yours,

JOSEPH R. BECK, M.D., *Chairman*

PRESIDENT SMITH: You have heard that report. Is there any discussion? If no objection, Dr. Beck's report will be accepted.

Next, the Committee on Rural Medical Service.

Committee on Rural Medical Service

Your committee wishes to report a meeting held in Dr. Bird's office in Wilmington on April 3, 1954, attended by Mr. Aubrey D. Gates, Field Director of the AMA Council on Rural Health, Dr. Bird, our Executive Secretary, and Dr. Prickett, Chairman of the Committee on Rural Medical Service.

We reported to Mr. Gates that this committee had recommended the formation of community health councils in various areas throughout the state, composed of representatives from churches, clubs, civic organizations, town councils, etc., for the purpose of acquainting all residents with the various medical services available. Also, to assist the public in distinguishing between health and medical service, to provide means of instruction in nutrition, sanitation, immunization, and to study the various types of voluntary prepayment for medical services.

Mr. Gates suggested that this program might be carried out successfully through the cooperation of the health councils, the Medical Society of Delaware, and the Extension Service of the University of Delaware.

We recommend that this suggestion be approved and that the Committee be authorized to confer with the Extension Service of the University of Delaware regarding such a plan.

Respectfully submitted,
C. J. PRICKETT, *Chairman*

DR. PRICKETT (Smyrna): I might just say I think it would be an excellent thing to combine this work with the University of Delaware. I recommend it be approved by the Society in order that we may see what can be done during the year. I so move.

(The motion was seconded, put to a vote and carried)

PRESIDENT SMITH: Next, the Committee on Vocational Rehabilitation.

Committee on Vocational Rehabilitation

The report of your Rehabilitation Committee is based on the 1954 Annual Report of Vocational Rehabilitation from Delaware State Board for Vocational Education to the governor of Delaware. The following paragraphs are excerpts from this report:

"Vocational Rehabilitation is the process of rendering a disabled person employable or more advantageously employable; its purpose and aim is to place handicapped people in employment to make them self supporting. Rehabilitation services are available to those who can profit by them, for it has been convincingly proven that physical handicaps are not necessarily vocational ones, and the handicapped can be restored to social and economic independence.

"The services provided are as follows: medical and specialty examinations to determine the extent of the disability and the limitations involved; counseling and advisement, including psychological testing in selecting an occupation suitable to the individual's mental and physical capabilities; medical, surgical, psychiatric treatment, including hospitalization; physical, occupational, and speech therapy; prosthetic appliances, such as artificial arms and legs, braces, hearing aids, to make a person more employable; vocational training to gain and develop new skills to prepare the person for a vocation; maintenance and transportation while in training; tools and equipment for those in training or those self-employed; and, selective placement in a suitable occupation.

"A record of 452 disabled persons were rehabilitated into employment this year — the highest number closed in any one year. The average weekly wage before rehabilitation was \$6.30 compared to \$45.36 after rehabilitation. 80% of these were unemployed at time of referral.

"Rehabilitation began in Delaware in 1939. Since that time, a steady increase in persons rehabilitated each year is noted. In 1940 there were 16 — in 1954 there were 452.

"Delaware, for the seventh consecutive year, ranked first in the nation on the basis of rehabilitations per 100,000 population. In a report released by the Federal Office of Vocational Rehabilitation for the fiscal year 1953, Delaware rehabilitated 138 persons per 100,000 population. The national average was 39, so that our State rehabilitated well over three times the national average. Delaware is also the only general agency in the nation showing an increase in rehabilitations during each succeeding year.

"The average rehabilitant in his first year of employment earns many times over what it costs to rehabilitate him. During the last five years, July 1949 to June 1954, a total of 2,195 disabled persons were rehabilitated. If they only worked for one year, they would have earned \$4,552,669! This figure is based on the wages they received at the time of closure, and does not take into consideration any subsequent wage increase.

"Also of importance is the fact that 278 of these persons were receiving public welfare assistance at the time of referral. It is interesting to note that relief benefits, if continued for only one year, would have amounted to \$213,928. In their first year of employment they would have earned \$566,732, or more than two and one-half times the cost of their dependency."

Your committee compliments the work of Vocational Rehabilitation in the state of Delaware. We express our sincere appreciation to the state and federal governments for their interest in our disabled citizens.

Respectfully submitted,
ERVIN L. STAMBAUGH, *Chairman*

Next, the Advisory Committee, Curative Workshop.

Advisory Committee, Curative Workshop

For the Advisory Committee of the Delaware Curative Workshop, no actual meeting has been held but telephone communications have been established and the members of the committee have been consulted on various problems.

In addition, all members of the committee were utilized in the solicitation for funds for the expansion of the Delaware Curative Workshop.

Respectfully submitted,

IRVINE M. FLINN, JR., *Chairman*

PRESIDENT SMITH: The Council recommends that this committee be abolished, and that the Curative Workshop be so advised. It was felt it was not the proper function of the Medical Society to maintain on its roster of committees such an advisory committee. What is your pleasure, gentlemen? Do I hear a motion to abolish this committee or do you want to retain it for a while longer? It apparently has not done a great deal during this year.

SECRETARY CANNON: I move the Council's recommendation be accepted and the committee abolished.

DR. SHANDS: One word of discussion. Would Dr. Bird or some of the elder statesmen here advise us as to the origin of that group in the State Medical Society?

DR. BIRD: I don't remember, exactly. It has been a good many years ago since they requested such a committee, and they even named the personnel they desired, and the House at that time went along, or the President went along, I have forgotten in whose administration it happened. They not only named them but asked them to serve for three year terms.

MEMBER: Who do you mean by "they"?

DR. BIRD: The Board of Directors of the Curative Workshop.

SECRETARY CANNON: I would like to say it is the feeling of the Council that such an advisory committee was a fine thing, but it hardly seems the function of the State Society to maintain such a committee because other agencies have advisory committees of physicians which are not particularly representing the State Society or responsible to it.

PRESIDENT SMITH: All in favor of abolishing the Committee on Curative Workshop will so signify — contrary . . .

(The motion, duly seconded, was then put to a vote and carried unanimously)

Next, the Committee on Fees for Welfare Patients.

Committee on Fees for Welfare Patients

(Secretary Cannon read the report in entirety)

As suggested last year by Dr. Washburn, the work of this Committee and the Committee on Rural Medical Service were combined, and at the annual meeting we heard a very able description of the medical care of the indigent and medically indigent in Maryland, Baltimore City, and Pennsylvania.

The State Department of Public Welfare of Delaware is anxious to aid in a program similar to that of Maryland or Pennsylvania, extending medical, dental, and hospital care to needy clients, and it is hoped that a program may jointly be planned in Delaware by the State Department of Public Welfare and the Medical Society of Delaware for presentation to our General Assembly.

This program should not only provide adequately for the care of the needy, but also give proper protection to our physicians and hospitals, especially regarding the methods of the selection of patients.

Respectfully submitted,
C. J. PRICKETT, *Chairman*

PRESIDENT SMITH: You have heard the report of the Committee. Are there any questions? If there are no objections, the report will be accepted.

Next, the Committee on American Medical Education Foundation.

Committee on A.M.E.F.

It is impossible for this committee to report on 1954 contributions until January, 1955. Early this year your committee decided not to annoy our members this year by individual solicitation even though we felt that more money could be obtained by this method.

During 1953 individual solicitation gave excellent results but it was a hard task performed by about 25 workers who spent considerable time doing it. This solicitation was done primarily to make all members of this Society conscious of the needs of the medical schools. This objective was accomplished, but we are sorry to report that some ill-feeling was caused.

The 1954 campaign is being allowed to carry itself, with only letters of reminder to our members. One more letter will be sent to all physicians in the state asking them not to forget their alma mater in 1954.

During 1953, 115 gave \$3,174.50 directly to medical schools; 124 gave \$4,476 through the A.M.E.F. Total: 239 gave \$7,650.50, averaging \$32 per contributor.

There are 457 doctors in the state; 239 gave to medical education, 218 did not give. In 1952, 15% gave through the A.M.E.F., and in 1953 27% gave through the A.M.E.F. This increase in percentage put Delaware third on the A.M.E.F. honor roll, exceeded only by Illinois and New Hampshire.

If approximately the same 239 give this year, then the committee feels that they should concentrate their efforts next year on the 218 who do not give anything. To do that will require additional secretarial work, will require more time from each committee member, and will probably cause some ill feeling between committee members and some of the 218 non-contributors.

It is recommended that the Society consider the following:

Instruct the Treasurer to include the A.M.E.F. at the bottom of his annual dues statement, by requesting a voluntary assessment from each member, to be included in the member's check and ear-marked for the A.M.E.F. or for his alma mater. The printed statement might read: "Your annual contribution to the American Medical Education Foundation should be added to the dues and included in your check. Specify your medical school of choice".

To date, three other states, namely, Arizona, Illinois, and Utah, have raised their dues including a specific amount from each member for medical education, and four other states, namely, Pennsylvania, New York, California, and the District of Columbia, have adopted our proposed plan of requesting each member to make a contribution at the time he pays his annual dues, except that these four states have specified the amount of the expected contribution.

Also, will you please consider extending to Dr. Eugene Syrovatka, a letter of thanks for his efforts with this committee, and also a financial remuneration of \$25.

Also consider allowing the committee additional secretarial work in 1955, probably to the extent of \$50.00.

Respectfully submitted,
C. L. HUDIBURG, Chairman

SECRETARY CANNON: The Council, in considering the recommendations, disapproved of the first one, which has to do with adding to your bill a contribution to the A.M.E.F.

The other two recommendations pertaining to Dr. Syrovatka's remuneration; also a \$50 appropriation for secretarial work were approved.

DR. HUDIBURG: I am afraid the Council may have been a bit biased or not sufficiently informed, when they passed on the first recommendation. I think if they had fully realized the need of the medical schools they might have felt differently and I couldn't emphasize to them what the other states are doing, and neither could I emphasize to them the fact that the committee in previous years has done fairly well, but this year without individual solicitation, we are falling far below what we did last year, and if we don't have some kind of notice sent along with the Treasurer's annual dues bill at the same time, we are going to have to go back to individual solicitation, which will mean that a certain number of doctors, maybe 25 or 30, will have to call individually on 20 apiece, and urge them to remember their alma mater.

I have a guest with me tonight, a representative from the organization in Chicago, and if permissible I would like to have permission for him to say a few words.

PRESIDENT SMITH: If there is no objection, the Chair grants the floor to Mr. Hedback, for a period not to exceed five minutes.

MR. JOHN W. HEDBACK (American Medical Education Foundation, Chicago): I feel honored by being asked to address you. I am aware of the fact that the state of Delaware has done a wonderful job in this movement. It can be proud of its record.

However, you all realize that this work has to continue, and Dr. Hudiburg asked me to give you a little picture of what has happened this year. I have brought those figures along with me.

Last year, between January 1st and December 31st, there were 120 contributors in Delaware. Now, the year is not out—we have still another three months—however, there are only 58 contributors from Delaware this year, so far. We have hopes that the other 62 men, and perhaps some more men, will come through, as the country has. We passed the million mark just a week ago; 60 days previous to the mark made last year, so that we anticipate quite a bit larger contribution from the doctors this year.

Our goal, of course, of \$2 million from the medical profession, as contrasted with the \$8 million that the National Fund for Medical Education is trying to raise from industry, will not be reached perhaps this year, but we hope to have it reached within the near future.

I would like to say that we, who have had quite a bit of contact with fund-raising are aware of the fact that the personal solicitation method is the best. I feel you all know that to buttonhole a man is much more effective than to write a man a letter.

However, we would like to have Delaware continue in its high place, and we hope that you doctors will work out some method to at least equal or even increase what you did last year. Thank you.

PRESIDENT SMITH: Thank you, Dr. Hedback.

Gentlemen, we have this report of Dr. Hudiburg's Committee. We have three recommendations. Suppose we take them up, then, in order.

DR. HUDIBURG: Could I make another statement as to some of the pros and cons on having the Treasurer add this to his bill? As I mentioned, six other states have done it, and it is

being considered in all the state conventions all over the United States. It is extra work for the Treasurer; not too much, but some. But it will relieve the committee of at least ten times that same amount of work. We will get the same amount of work done with about one-tenth of the effort.

Any member that wants to give more money directly to the medical school or directly through the A.M.E.F. may do so, but this method will not, however, contact some of the doctors in the state who are not members. It would help to relieve some of the ill-feeling caused by personal contact, but there would still perhaps be some ill-feeling, but certainly less than by soliciting the 218 non-contributors, and those that felt they could not afford it would not add anything to their annual dues. But if they wanted to, it would go on through. It would bring it to the attention of each member and would remind him that he does owe the A.M.E.F. or his medical school something.

PRESIDENT SMITH: As I understand it, this was a voluntary thing, entirely voluntary.

DR. HUDIBURG: Yes.

PRESIDENT SMITH: How about Recommendation No. 1? Do you wish to accept it or do you wish to follow the recommendation of the Council?

MR. HEDBACK: I would like to hear a little more discussion, if possible.

DR. WAGNER: I would like to ask a question as to whether it is advisable to contribute directly to the A.M.E.F.? For instance, in my own case, I have been contributing annually to the medical school from which I graduated. I bring up the question as to whether it would be advisable to contribute directly to the medical school or through this method. There is divided feeling. They wonder whether the money always gets to the proper place. In too many instances money contributed to a lot of organizations that make appeals to us we know that about ten per cent gets to the places it is intended to go. We haven't any doubt that any money contributed in that manner will go to any but the proper source, but I raise the question as to whether it would be advisable to contribute to the A.M.E.F., rather than directly to the medical school.

MR. HEDBACK: It really doesn't make too much difference how it is given, just so it is given. Last year 124 gave through the A.M.E.F.; 115 gave directly—which is almost as many. If you give to the A.M.E.F. it helps as far as the National Fund is concerned.

The U. S. Steel just donated \$50,000 to the National Fund. They did it because they thought the doctors were worth it.

DR. BIRD: May I ask a question? I contribute, as does Dr. Wagner, directly, to Johns Hopkins. The Dean down there told me a couple of years ago they found it easier to handle if it came direct—less work, and so forth.

I sent a report to Dr. Hudiburg the other day, that I had contributed to Johns Hopkins. Doesn't that go to the A.M.E.F. record and isn't it reported as a contribution from the doctor to education?

MR. HEDBACK: The report we submit to you and which you have probably seen contains three classes of contributions. There is a classification of the A.M.E.F. alone; there is the contribution to the A.M.E.F. which is earmarked for a specific school; there is the contribution to the school direct and then the school reports to us. However, I might add this point: the A.M.A. set up the idea of a Foundation as an extra contribution from that of the medical profession because of the strong need for those extra funds by the

schools. Your contribution is to your schools, directly, from the contributions that you have been giving over the years. The medical schools in addition need an extra amount at the present time, and this is what the Foundation was set up for. If you give your school an extra amount, directly, that, too, is all that is necessary.

DR. BIRD: That is what I did. I liked the ante.

DR. BEEBE, JR.: What was the Council's objection to it?

DR. CANNON: That it entailed additional billing; that it might not be taken well by the members of the Society, who already receive a bill for \$60, and that if they want voluntarily to contribute to their school or the A.M.E.F. they should do it as a separate function, rather than put it on the Treasurer's office, for this is not, after all, a billing of the Society.

We also thought that if a card or a reminder or a notice could be included in the billing of the Society, that would be proper, but not to add it to the dues.

PRESIDENT SMITH: It wasn't compulsory in any way; it was simply a matter of putting it on the bill, and from then on it is voluntary. It is supposed to take the place of a bill, and of course you can pay it or not, as you see fit.

What is your pleasure, gentlemen. The time is fleeting; let's get along with this matter or else pass it up for the time being. Does anyone wish to place a motion before the House?

MEMBER: Would Dr. Hudiburg be satisfied with a card added, as has been suggested?

DR. HUDIBURG: I think so. But I do think if it were sent out at the time, it might be better than sending it out at a separate time. When we get it, it would all come at once, and they would think, "Now that I am paying out money, I might as well include the contribution at this time, too."

PRESIDENT SMITH: Is there any further discussion?

MEMBER: What would be added—what amount, to the billing?

MR. HEDBACK: Arizona adds \$10 to their dues. The Illinois dues is \$40; they add \$20. Utah adds \$20. Pennsylvania adds \$25. New York adds \$10. California adds \$25, and Washington, D. C. adds \$10. California, just a few weeks ago sent the A.M.E.F. \$117,000 and some odd dollars—which was a big help, through this method.

PRESIDENT SMITH: There's gold and oil in California. Is there any further discussion? Does someone wish to state a motion?

DR. BEEBE, JR.: I move that a card be inserted by the Treasurer with the billing.

PRESIDENT SMITH: Is that motion clear? Are you ready for the question?

(The motion was put to a vote and carried.)

Now, on Recommendation No. 2, that \$25 be given to Dr. Eugene Syrovatka, and No. 3 that the committee be given \$50 extra to help with the additional secretarial work. That item is already in the budget. Is there any objection to those last two recommendations? The Chair hearing none, declares the report of the Committee on A.M.E.F. and the recommendations be accepted, meaning Recommendations No. 2 and No. 3.

The next report is that of the Committee on Hospital-Physician Relationships.

Hospital-Physician Relationships

No physician has brought any complaints to the attention of the Committee on Hospital-Physician Relationships during the past year.

Respectfully submitted,
C. E. WAGNER, Chairman

SECRETARY CANNON: It is the Council's recommendation that this committee be abolished because it is no longer serving any function and nobody has any recommendations or information about any complaints of this nature.

DR. WAGNER: I might say the committee was organized for the purpose of handling any grievance which a physician may bring against a hospital, and I feel it would be advisable to maintain the Committee, so that it may serve that purpose, because one never knows when a situation would arise that would have to be handled by some such committee. I make it in the form of a motion.

DR. RENNIE: At the present time there is a little difficulty concerning physician-hospital relationships throughout the country, pertaining to pathologists, anatomists, and radiologists. Iowa is having quite a marked difficulty at the present time. The hospitals are picking on the pathologists at this time, to the extent that they say that pathologists are not clinical physicians; that they are "paid hired help". The pathologists don't think this, and the rest of the physicians that I have talked to also don't think this; therefore, I think it is advisable to keep this Hospital-Physician Relationship Committee, because you are going to have a lot of work, very, very shortly.

Now, if this is passed I would also like to add that the delegate to the AMA from Delaware be instructed to fall in with this line of thinking—that anatomists, pathologists, and radiologists are definitely clinical physicians.

(The motion was seconded)

PRESIDENT SMITH: You have heard the motion to accept the report of this committee, that the committee be extended, and that the delegate to the AMA acquaint himself with this matter.

(The motion was put to a vote and carried)

Next, the Grievance Board.

Grievance Board

The Grievance Board is pleased to report that no complaints have been brought to its attention within the past year.

Respectfully submitted,

C. E. WAGNER, *Chairman*

PRESIDENT SMITH: If there is no objection, the report will be accepted as read.

Now we go into the reports of Delegates to the A.M.A.

Delegate to A.M.A.

I submit, herewith, the report of my activities as delegate to the A.M.A. clinical and annual meetings. I attended the December, 1953 meeting at St. Louis as the alternate for Dr. Lawrence Fitchett, and the June, 1954 meeting in San Francisco as a delegate.

The AMA Board of Trustees will appoint a special committee with broad representation through the profession "to study the problems of public relations created by recent adverse publicity." This resolution was introduced by Dr. John Burton of Oklahoma. The final action to be reported at the San Francisco meeting.

The address by the president, Dr. E. J. McCormick, featured condemnation of the "program of national publicity emphasizing the defects of a small number of doctors and heaping upon the great percentage of honest physicians and surgeons the sins of a few." He called for a program to "restore the full confidence of the public in our profession." His address was roundly applauded.

The Iowa delegates introduced a resolution to approve combined statements when two or more independent doctors render services in a case provided the names and charges of each are shown. It was referred to the Judicial Council. The Council will report at the June, 1954 meeting.

The Judicial Council condemned physicians who own clinic buildings and lease space for a pharmacy on a percentage rental. Any doctor who has a financial interest in a pharmacy is guilty of unethical conduct.

The address highlight of the meeting was given by Dr. Leo Bartemeier who told the public to "go to your family doctor with your medical problems no matter what the trouble is." The former President of the American Psychiatric Association released a report for the press urging patients to "have faith and trust in your family physician and stick with him," and told them to go to a specialist only when referred by the family doctor.

This being the interim session there were no elections.

At the San Francisco meeting I served on the Committee for Rules and Order of Business.

The matter receiving the greatest discussion was the resolution aimed at prepaid panel plans. The resolution was introduced by the New York delegation and it was referred to the Judicial Council for further study.

Dr. Floyd S. Winslow, chairman of the New York delegation, pointed out that panel plans involve unethical advertising and restrict the patient's free choice of a physician.

Action on the osteopathic question was deferred pending action this month by the AOA on the question of AMA inspection of osteopathic schools.

The House approved a Judicial Council report removing the unethical stigma in the case of prepayment medical care plans and in cases where the patient requests joint billing. Urged by past president, Dr. John Cline, the House reaffirmed its opposition to combined bills on the grounds it could be used as a camouflage for fee-splitting.

In approving a recommendation of the Board of Trustees, the House authorized a continuing study into charges of unethical practices such as fee-splitting and the harmful publicity that has resulted therefrom. The committee will seek to determine the extent of unethical practices, their cause, their effect upon patient and physician, and means for correcting the evils revealed by its study.

The Delegates elected Elmer Hess, Erie, Pennsylvania, President-elect to succeed Walter B. Martin, Norfolk, Virginia, who assumed the presidency in San Francisco, succeeding E. J. McCormick of Toledo. It was my privilege to second the nomination of the new President-elect.

The House decisively rejected a resolution urging the AMA to withdraw from the Joint Commission on Hospital Accreditation and place full responsibility for control of hospital medical standards in the Council on Medical Education and Hospitals.

The House approved a resolution urging all AMA members to designate a family physician for themselves and their families.

The House approved a resolution restating its previous stand regarding veteran medical care programs. The resolution embodied a willingness and strong determination for Federally sponsored plans for those with service-connected disabilities in addition to those suffering from tuberculosis and psychiatric disorders. Those with non-service-connected disabilities to be cared for on the state and community level.

Respectfully submitted,

H. T. MCGUIRE, M.D., *Delegate*

PRESIDENT SMITH: Thank you. If there is no objection, the report of the delegate to the A.M.A. will be accepted.

Next is the Report of the Representatives to the Delaware Academy of Medicine.

Representative to D.A.M.

During the past year the Delaware Academy of Medicine, in collaboration with other interested groups, sponsored six free public lectures. These meetings were held outside the Academy due to the inadequate size of the Academy's auditorium. The response of the public was so favorable that it was decided to continue these lectures in the coming season.

The services to the membership of the Academy were expanded by adding the following: (a) library messenger service, (b) mimeographing service, (c) addressographing service and (d) photostatic service.

Sixteen Delaware medical, dental, pharmaceutical and paramedical groups used the Academy as their meeting place during the past year.

The Academy, in addition to providing a medical and a dental library for its members, scientists and the general public, is carrying on an important public relations program through health forums which have attracted audiences of 400 or more of the laity at each of the several meetings held during the past year. During the coming year similar health forums are to be held in the auditorium of the P. S. duPont High School. Such medical personalities as William Menninger, Norman H. Jolliff, William A. Jeffers, Edward L. Bortz, and others, on such subjects of public health interest as "Our Emotions", "Cardiac Problems", "Over-weight and Under-weight", "Our Senior Citizens", and "Cancer".

On May 3, 1955, the Academy will celebrate its silver anniversary by having a reception and dinner in the Academy building for our members, benefactors, and public officials, to be followed by a public meeting in the Highlands School. The speakers at this meeting will be John A. Munroe, Professor of History at the University of Delaware, who will speak upon the record of Dr. James Tillon, and Dr. Detlev W. Bronk, president of the Rockefeller Institute.

For the operation and maintenance, public relations program, and our anniversary, funds are needed in excess of dues from members, contributions from organizations using our facilities, and contributions from our lay members. We feel that since this is such a very important and useful program we are justified in making a request for an appropriation from the Medical Society of Delaware. The sum of \$1,000 is suggested as being the least that is needed.

Respectfully submitted,

W. O. LAMOTTE, SR., *Representative*

PRESIDENT SMITH: Gentlemen, you have heard Dr. LaMotte's report and his recommendation for the contribution for the coming year, 1955, of \$1,000.

DR. SHANDS: I would like to move that the sum of \$1,000 be provided by our Society to aid the finances of the Academy.

(The motion was seconded)

PRESIDENT SMITH: Is there any discussion? How's the Treasury?

DR. LEVY: As I reported, as of September 30th there was \$3,000 in the till, you might say—but of this amount \$2,000 will be expended for this annual session in Dover. There may be plus or minus that \$1,000 left, but that will break us for the year. It is really up to the membership.

DR. SHANDS: I believe last year \$500 was provided by the Society and \$500 by *The Journal* fund.

DR. BIRD: I might say something about *The Journal*. We are in the red and going there more and more. The Star Publishing Company, last spring, made the first raise in three years, but it amounted to a 40 per cent hike in our basic

costs, an increase of \$2100. We never made \$2100 in any year. A few bucks have been accumulated against a rainy day, but they are not going to be accumulated any longer. I don't think *The Journal* fund is in a position to be tapped for this or any other contribution.

DR. SHANDS: I thought you had a reserve, last year.

DR. BIRD: How long is it going to last at this rate? Let's face it. Because of our tight budget we have to say "no" throughout the year to requests of the AMA to send a man to a conference of the committees on rural health, on medical defense, and on this and on that. We are able to pay \$200 twice a year for our lone delegate; that's \$400 out of a \$750 travel fund.

Now, if you are going to upset your balanced budget that way, I don't know about the future. I don't believe in deficit spending in politics or in scientific organizations. So I suppose you'll just have to raise your dues.

PRESIDENT SMITH: There is an expensive meeting coming up next year, too, isn't there?

DR. BIRD: Well, the usual thing for Wilmington. But there is one more little item: the very nice Hotel DuPont, which has housed our convention in '47, '49 and '51 accepted our reservations for October of '55 and set up the program for certain rooms for certain days and hours, and so on, and they hiked the price of that 87½ per cent. We were paying the Hotel DuPont \$200 a day for 2½ days. We have to take it from Monday afternoon, at one o'clock on, so that the exhibitors can set up their exhibits. We paid \$100 for that, and \$200 each for Tuesday and Wednesday. Now the rate is \$375 a day. I demurred but they said "you have an exhibit." I wrote a letter back and said the exhibit is to help pay the cost of staying with you; to help pay the DuPont Company we have these exhibits. In the last Wilmington year the exhibits raised, I think, some \$1,400, against a DuPont bill of approximately \$2,400.

Something will have to be done with dues—you can't take it out of the kitty until you put it in.

MEMBER: That doesn't come out of the Publication Fund that he has just been talking about, does it? That is not related to the Publication Fund, is it?

DR. BIRD: No, but you are asking for \$500 from each. You are asking for the same split you got last year, and I am pointing out that both the general fund and the *Journal* fund are getting smaller.

PRESIDENT SMITH: The question is, what is the balance in the Publications Fund?

DR. BIRD: I don't have it here, but it's not a lot.

DR. SHANDS: Of course, I think the thing that Dr. Bird is talking about must be considered. I would like to change my motion: that \$500 from each, as we did it last year, be appropriated to the Delaware Academy of Medicine if the Finance Committee feels that the State Society will stand it.

(The motion was seconded, put to a vote and carried)

PRESIDENT SMITH: The next is a very important committee, the Committee on Nominations.

Nominations for 1955

Vice-President—E. Harold Mercer, Jr., Dover
Secretary—Norman L. Cannon, Wilmington
Treasurer—Charles Levy, Wilmington
Rep. to D.A.M.—W. O. LaMotte, Sr., Wilmington

STANDING COMMITTEES

Scientific Work—Norman L. Cannon, Wilmington; Joseph A. Elliott, Laurel; Allston J. Morris, Wilmington.

Publication—W. Edwin Bird, Wilmington; M. A. Tarumianz, Farnhurst; Norman L. Cannon, Wilmington.

Public Laws—Joseph S. McDaniel, Sr., Dover; J. Leland Fox, Seaford; Emil R. Mayerberg, Wilmington; Roger W. Murray, Wilmington; James Beebe, Jr., Lewes.

Medical Education—Robert W. Frelick, Wilmington; George R. Spong, Dover; Lawrence L. Fitchett, Milford.

Budget—Charles Levy, Wilmington; J. M. Mesick, Wilmington; J. Stites McDaniel, Dover; M. A. Tarumianz, Farnhurst; Charles M. Moyer, Laurel.

State Board Medical Examiners—Isaac J. MacCollum, Wyoming; Irvine M. Flinn, Wilmington; Gerald A. Beatty, Wilmington; Henry V. P. Wilson, Dover; James E. Marvil, Laurel; Alfred R. Shands, Jr., Wilmington; Charles E. Wagner, Wilmington; H. Thomas McGuire, New Castle; Robert R. Layton, Jr., Dover; Oliver A. James, Milford.

Terms expiring March 1, 1955—Gerald A. Beatty, Wilmington; Henry V. P. Wilson, Dover; James E. Marvil, Laurel.

Respectfully submitted,

CLARENCE J. PRICKETT, *Chairman*

PRESIDENT SMITH: Are there additional nominations from the floor? The Chair, hearing none, is ready to entertain a motion to accept the election of the nominees and to instruct the Secretary to cast the ballot.

(Motion to accept the report of the Nominating Committee and to instruct the Secretary to cast the ballot of nominees was seconded, voted and carried, and the ballot was cast)

PRESIDENT SMITH: The Chair declares the slate elected unanimously.

There will be no election speeches tonight; we are too busy.

Next, under New Business: Resolutions.

New Business

SECRETARY CANNON: I have a resolution from the Delaware Radiological Society, as follows:

Radiology

WHEREAS, The American Medical Association and the American College of Radiology have repeatedly defined, that the practice of radiology is an integral part of the practice of medicine and in the same category as internal medicine, surgery, or, any other medical specialty, and,

WHEREAS, It is now the practice of the Group Hospital Service, Inc., of this state to consider radiology as an auxiliary hospital service, as is indicated in their contract, and by their method of payments for such services, and,

WHEREAS, Inclusion of such medical benefits under the contracts of the Group Hospital Service, Incorporated tends to falsely identify them as hospital care, rather than professional medical services, thereby encouraging the corporate practice of medicine, and,

WHEREAS, An acceptable method of correcting this situation could readily be attained by

1. Payment of such medical service by the Blue Shield plan to the physician, and,
2. Reimbursement in turn of the Blue Shield by the Group Hospital Service, Inc.,

Therefore be it

RESOLVED: That the Delaware Radiological Society goes on record as favoring the inclusion of all radiological benefits under professional medical and surgical coverage, and definitely opposed to all insurance contracts which by implication tend to define radiology, as a hospital service, and be it further,

RESOLVED: That the House of Delegates of

the Medical Society of Delaware at its next meeting be requested to endorse this resolution.

PRESIDENT SMITH: Gentlemen, you have heard the reading of the resolution. What is your pleasure?

DR. SHANDS: That is in line with AMA thinking, is it not?

PRESIDENT SMITH: Yes.

DR. SHANDS: Then I move it be approved.

(The motion was seconded, put to a vote and carried)

PRESIDENT SMITH: Are there any further resolutions?

SECRETARY CANNON: Yes. From the Delaware State Pathological Society, regarding the point at issue in Iowa.

Pathology

RESOLVED: That the Delaware State Pathology Society unanimously supports the premise that all of pathology is the practice of medicine, and that any attempt to split the specialty into professional and technical services cannot be tolerated.

PRESIDENT SMITH: You have heard the reading of the resolution, gentlemen; what is your pleasure? Shall we approve?

(It was moved, seconded and voted to approve the resolution)

Aces and Deuces

SECRETARY CANNON: I have here a letter to state societies entitled to only one or two delegates. It relates to the "Aces and Deuces" Association of the AMA, requesting dues for this Association, for 1955 of \$25.

SECRETARY CANNON: Council approved this recommendation, didn't they?

PRESIDENT SMITH: Yes, Council approved.

DR. MCGUIRE: You know, there was a lack of cohesion on political action, and it seems this was a very necessary organization. It is made up of very fine men, too, and I think the results of organizing into a unit, rather than trying to act on a matter separately, has been very worthwhile.

PRESIDENT SMITH: Is this matter clear in everybody's mind—that is \$25 a year—and this is for 1955?

DR. SHANDS: I move it be paid.

(The motion was seconded and carried)

PRESIDENT SMITH: Are there any more communications?

DR. BIRD: The U. S. Travel Agency would like to know if this Society would like to have its convention held next year on the Queen of Bermuda, a cruise. What is your answer? They say the average fares were a little over \$200, plus miscellaneous and incidentals. If you take your wife, that is \$400, plus what you spend. How many here tonight would go? A five-day cruise: New York to New York—five days. If we held the session next year on that boat how many would go? (A few hands were raised) I guess we had better throw this into the lap of the Council later in the season.

PRESIDENT SMITH: Are there any other communications?

DR. BIRD: That is all we have.

PRESIDENT SMITH: In Memoriam: I am going to ask the House of Delegates to stand while I read the names of our departed colleagues.

(The audience arose and stood in silent tribute to the names of the deceased members as read by the President)

PRESIDENT SMITH: Next the selection of the meeting place.

DR. BIRD: It will be, in accordance with tradition, in Wilmington, unless the House wishes to elect some other meeting place. Otherwise it will be held in New Castle County, next October.

(Concluded on page 305)

+ Editorials +

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VOL. 26 DECEMBER, 1954 No. 12

THE TRANSACTIONS

This issue contains the Transactions of the House of Delegates. We fear that not many of our members read our Transactions, but they all should, for only by so doing can they be kept abreast of the current events of the Society, of the official positions taken by it on certain issues, and of its plans for future action or policy. So, read the Transactions.

MILESTONE No. 39

With this issue your humble scribe completes his thirty-ninth year as editor of THE JOURNAL. Since June, 1915 he has been the senior editor in the state medical journal group. While there have been some heartaches and a few more headaches in these thirty-nine years, the task is one we have, on the whole, enjoyed, thanks to the cooperation of our members and our friends. May it continue — and thanks in advance.

NO SANTA NECESSARY

Santa's a big-hearted fellow, but there are some things not even he can bring. The greatest gift we enjoy today is something neither Santa nor anyone else could give us: our American heritage.

Nobody pulled the Declaration of Independence, or the Constitution, or the Bill of Rights out of a bag. Nobody handed us the right to worship as we choose, to speak our minds, to read and write the truth without censorship, to be entitled to a job without discrimination.

Freedom was *earned* by Americans — paid for with vigilance, sacrifice, and by many lives.

To keep this precious heritage we must keep on working for it, working together, Americans of every race and creed: voting in elections, taking part in community affairs, fighting racial and religious prejudice, protecting our neighbors' rights as our own, even fighting for them if necessary!

Santa can't give us freedom, but we can give it to each other, not only this Christmas season, but all year, by keeping the spirit of good will and brotherhood alive. Working together for the rights, opportunities and liberties we cherish, we can all share and keep this greatest gift of all. So, let's all join together for many Merry Christmases!



THE JOURNAL extends to all our members,

friends, readers, and advertisers, the

Very Best Wishes for a

MERRY CHRISTMAS

and a

HAPPY NEW YEAR



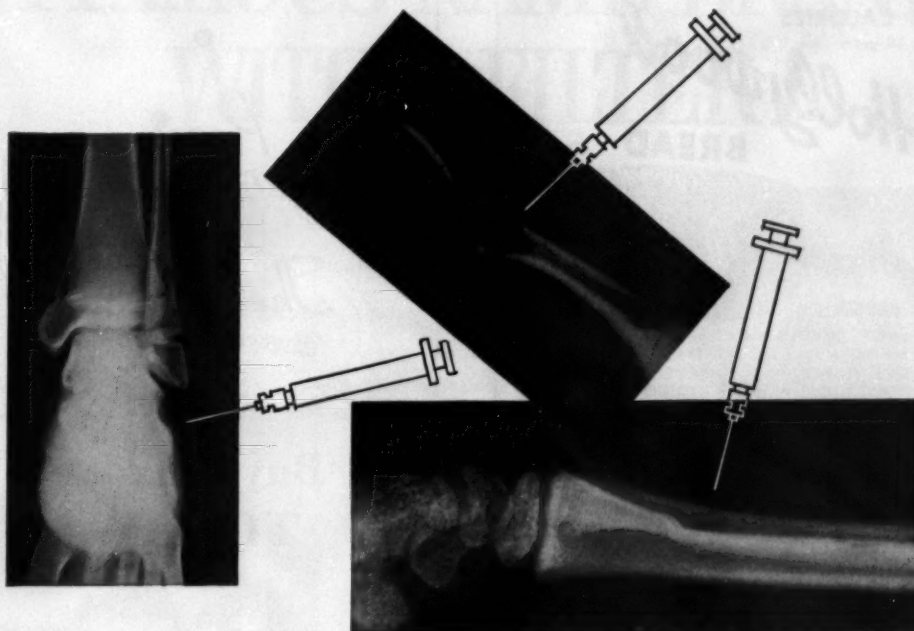
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1. MacAusland, W. R., Jr.; Gartland, J. J., and Hallock, H.: The Use of Hyaluronidase in Orthopaedic Surgery, *J. Bone & Joint Surg.* 35-A:604 (July) 1953.

2. Swenson, S. A., Jr.: Minor Surgical Aspects of Closed Wounds, *Am. J. Surg.* 87:384 (March) 1954.

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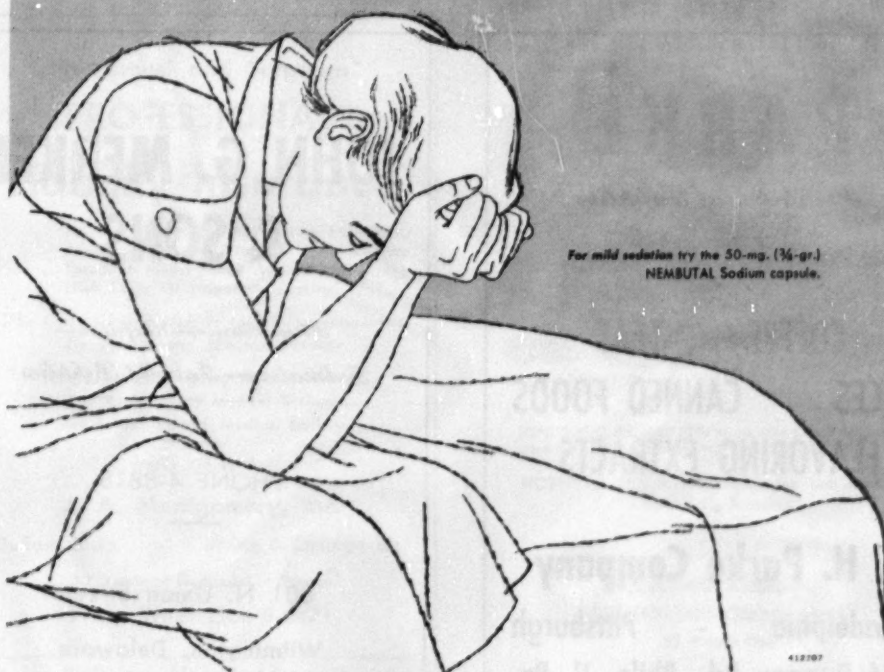
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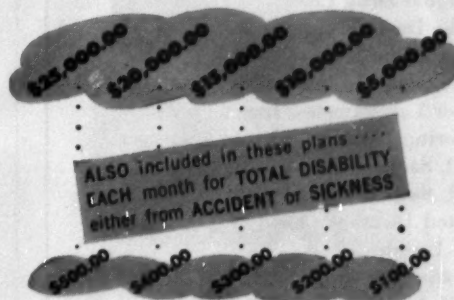
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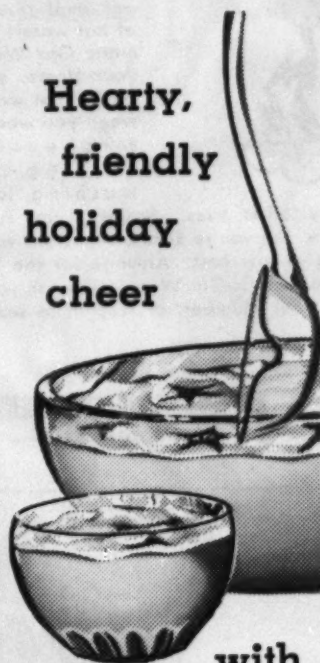
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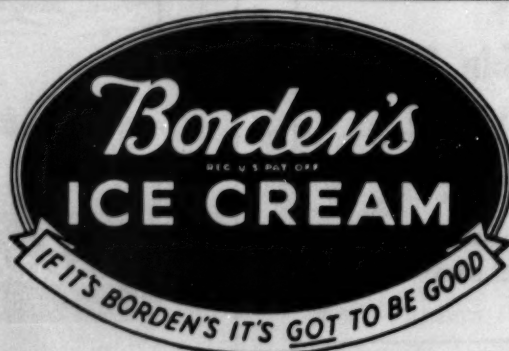
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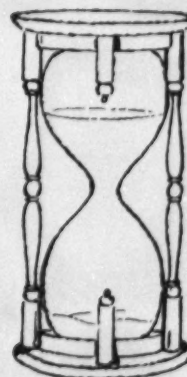
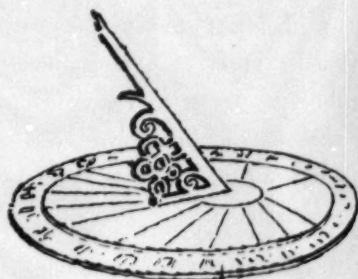
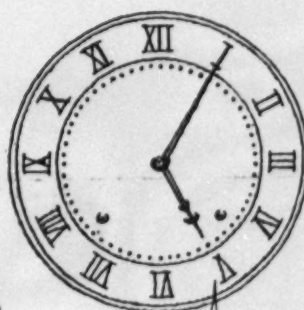
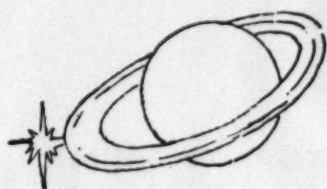


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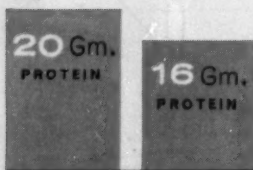
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